

COLLEGE OF VETERINARY MEDICINE
University of the Philippines Los Baños
College, Laguna

APPLICATION FOR LEAVE OF ABSENCE

Date : _____

The Dean
College of Veterinary Medicine
University of the Philippines
College, Laguna

Dear Sir/Madam:

I, _____, with student number _____, and currently residing at _____, would like to request for a leave of absence (LOA) effective _____ up to _____ for the following reasons:

I am aware that if I file my leave of absence after 3/4 of the semester has lapsed, my instructor may give me a grade of "5" if my class standing up to the time of withdrawal is failing.

Conforme:

Very truly yours,

(Signature over Printed Name
of Parent/Guardian)

(Signature of Student)

SCHOLASTIC STATUS:

To the Instructor:

If the leave of absence is taken after the mid-semester, which is on _____, you are required to indicate the student's class standing at the time the leave of absence is applied for.

	Subject Enrolled in	Class Standing (Pass or Fail)	Instructor's Signature	
			Lecture	Laboratory
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Scholastic status as of [] First [] Second Semester, Year _____.

Good Warning Probation Readmitted Not enrolled this semester

No. of semesters left in maximum residency: _____

APPROVED/DISAPPROVED (for the Dean):

Date: _____

Adviser & College Secretary

LOA paid under OR# _____, dated _____.

College clearance accomplished: [] Yes [] No Date submitted: _____