

**Return from Leave of Absence (LOA)**

REGISTRAR'S COPY

Name: \_\_\_\_\_  
Student No.: \_\_\_\_\_

College: \_\_\_\_\_  
Degree Program: \_\_\_\_\_

I was granted Leave of Absence (LOA) from \_\_\_\_\_ Sem., SY \_\_\_\_\_  
until \_\_\_\_\_ Sem., SY \_\_\_\_\_ .

I will resume my studies in the University starting \_\_\_\_\_ Sem., SY \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

NOTED: (Signature over printed name):

\_\_\_\_\_  
College Secretary

Rowena Quinto-Bailon, PhD  
University Registrar

A medical certificate from University Health Service is required if:  
a. the reason for LOA is medical/health-related; or  
b. the LOA exceeded one semester.

**Return from Leave of Absence (LOA)**

DEAN'S COPY

Name: \_\_\_\_\_  
Student No.: \_\_\_\_\_

College: \_\_\_\_\_  
Degree Program: \_\_\_\_\_

I was granted Leave of Absence (LOA) from \_\_\_\_\_ Sem., SY \_\_\_\_\_  
until \_\_\_\_\_ Sem., SY \_\_\_\_\_ .

I will resume my studies in the University starting \_\_\_\_\_ Sem., SY \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

NOTED: (Signature over printed name):

\_\_\_\_\_  
College Secretary

Rowena Quinto-Bailon, PhD  
University Registrar

A medical certificate from University Health Service is required if:  
a. the reason for LOA is medical/health-related; or  
b. the LOA exceeded one semester.

**Return from Leave of Absence (LOA)**

STUDENT'S COPY

Name: \_\_\_\_\_  
Student No.: \_\_\_\_\_

College: \_\_\_\_\_  
Degree Program: \_\_\_\_\_

I was granted Leave of Absence (LOA) from \_\_\_\_\_ Sem., SY \_\_\_\_\_  
until \_\_\_\_\_ Sem., SY \_\_\_\_\_ .

I will resume my studies in the University starting \_\_\_\_\_ Sem., SY \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

NOTED: (Signature over printed name):

\_\_\_\_\_  
College Secretary

Rowena Quinto-Bailon, PhD  
University Registrar

A medical certificate from University Health Service is required if:  
a. the reason for LOA is medical/health-related; or  
b. the LOA exceeded one semester.