

UNIVERSITY OF THE PHILIPPINES CEBU
LAHUG, CEBU CITY

APPLICATION FOR LEAVE OF ABSENCE (LOA)

Student Number	Name of Student	Degree Program	Year	Date

<p>Inclusive Dates of LOA</p> <p>From: _____</p> <p>To: _____</p> <p>Previous LOA Record</p> <p>From: _____</p> <p>To: _____</p>	<p>Reasons for LOA</p> <p>_____</p> <p>(Note: If for health reasons, please attach medical certificate.)</p> <p>_____</p> <p align="center">Signature of Student Applicant</p> <p>Consent of Parent or Guardian</p> <p>_____</p> <p align="center">Signature over Printed Name</p>
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- First Semester/Trimester
 Second Semester/Trimester
 Midyear Term/Third Trimester
AY _____
- ENROLLED
 NOT ENROLLED
After Mid Semester? Yes No

If ENROLLED, provided information below:

SUBJECT	CLASS STANDING	INSTRUCTOR'S NAME	SIGNATURE	DATE

Scholastic Standing at the time of application: _____ (To be accomplished by the College Secretary)

ACTION:

<input type="checkbox"/> Endorsed _____ Department Chair/Program Coordinator	<input type="checkbox"/> Endorsed; and <input type="checkbox"/> CLEARED from all College liabilities _____ College Secretary	<input type="checkbox"/> APPROVED _____ Dean
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Leave of Absence Fee: ₱ 150.00 OR # _____ Date of Payment _____

IMPORTANT: NO LOA shall be granted after the deadline for filing of leave of absence for students who are enrolled and not enrolled in the current semester. Please refer to the academic calendar to know the exact dates of the deadline.