



**University of the Philippines
MINDANAO
APPLICATION FOR LEAVE OF ABSENCE**

Date: _____

THE DEAN

[Name of College]
[Address of College]

Sir/Madam:

I, _____ with Student Number _____ would like to apply for leave of absence from my degree program/course in _____ effective First/Second/Third Semester/Trimester AY _____ up to First/Second/Third Semester/Trimester AY _____.

REASON/S FOR LOA: _____

Very truly yours,

Noted by:

Signature of Student

Name and Signature of Parent/Guardian
Date: _____

Note to the student:

1. Accomplish college clearance and secure certification from the Director of Student Affairs that you have no pending case. If the leave of absence is due to sickness, please attach **MEDICAL CLEARANCE** from the UP Health Service.
2. If withdrawal is after $\frac{3}{4}$ of the **semester/term**, your instructor may give you a grade of "5" if your class standing up to the time of withdrawal is failing.
3. **NO** leave of absence is permitted within two weeks from the last day of classes.

Note to the Instructor:

If the leave of absence is to be taken **after the mid-semester period**, which is on _____, the instructor concerned is required to indicate the class standing of the student at the time the leave is applied for.

Count	Subject enrolled	Class standing	Instructor's signature	Count	Subject enrolled	Class standing	Instructor's signature
1				5			
2				6			
3				7			
4				8			

SCHOLASTIC STANDING as of the last semester: _____, AY _____:

- Good Probation Enrolled
 Warning Readmitted Not enrolled

CLEARANCE

Name & Signature of Program Coordinator Date Name & Signature of University Librarian Date

Name & Signature of College Secretary Date Name & Signature of Director of Student Affairs Date

NOTED:

APPROVED / **DISAPPROVED:**

Name & Signature of Adviser Date Name & Signature of Dean Date

LOA FEE paid under O.R. No. _____ dated _____ in the amount of One Hundred Fifty Pesos (₱150.00).

Note: LOA should not exceed one year but may be renewed for at most another year. When not taken in two (2) successive years, the aggregate LOA should not exceed two (2) years.

Leave of Absence Flowchart

