Return from Leave of Absence (LOA) Name:	REGISTRAR'S COPY College:	
I was granted Leave of Absence (LOA) from until Sem., SY	Sem., SY	
I will resume my studies in the University starting	Sem., SY	
I will resulte tilly studies in the offiversity starting		
NOTED. /Signature ever wrinted name).	Signature of Student	
NOTED: (Signature over printed name):		
College Secretary	University Registrar	
College Secretary	Office Sity Registral	
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:	College:	
Student No.:	Degree Program:	
	Sem., SY	
until Sem., SY		
I will resume my studies in the University starting	Sem., SY	
	Cincolary of Chindren	
NOTED: (Signature over printed name):	Signature of Student	
, ,		
College Secretary	University Registrar	
conege secretary	Cintersity negistral	
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:	College:	
Student No.:	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):	digniture of student	
College Secretary	 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.