

**Return from Leave of Absence (LOA)****REGISTRAR'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):

\_\_\_\_\_  
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.*

**Return from Leave of Absence (LOA)****DEAN'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):

\_\_\_\_\_  
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.*

**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):

\_\_\_\_\_  
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.*