Return from Leave of Absence (LOA)	REGISTRAR'S COPY
Name:	College:
Student No:	Degree Program:
Granted Leave of Absence (LOA) from until	Sem., AY
I will resume my studies in the University star	ting Sem, AY
NOTED: (Signature over printed name):	Signature of Student
NGSE Director	University Registrar
(Student is required a Medical Certificate from UPHS for L	OA of more than one semester)
Return from Leave of Absence (LOA)	DEAN'S COPY
Name:	College:
Student No:	Degree Program:
Granted Leave of Absence (LOA) from until Sem., AY	Sem., AY
	ting Sem, AY
NOTED: (Signature over printed name):	Signature of Student
NGSE Director	University Registrar
(Student is required a Medical Certificate from UPHS for L	OA of more than one semester)
Return from Leave of Absence (LOA)	STUDENT'S COPY
Name:	College:
Student No:	Degree Program:
Granted Leave of Absence (LOA) from until Sem., AY	Sem., AY
until	
I will resume my studies in the University star	ting Sem, AY
	Signature of Student
NOTED: (Signature over printed name):	
NGSE Director	University Registrar