



APPLICATION FOR LEAVE OF ABSENCE

Document No.: FM-RO-22-00

Effective Date: June 2, 2014

BILLING NO. : _____

Amount: _____

NAME : _____
Last First Middle

PROGRAM/YEAR: _____ STUDENT NO.: _____

I hereby apply for a leave of absence from my studies at the Mapúa Institute of Technology effective _____ Term, AY _____.

REASON:

I plan to return on the _____ Term, AY _____ - _____.

I have no definite plans as to my return for studies here at the MAPÚA INSTITUTE OF TECHNOLOGY.

I fully understand that my re-admission shall be subject to the review of my academic and department record in accordance with the school's re-admission and selective retention policies and that I have to reactivate one and a half (1 1/2) month before the enrollment period **(if leave is more than one term)** otherwise, my enrollment will not be acted upon.

Signature/Date

CLEARANCE:

Treasury Department

Approved by/Date:

Key encoded by/Date:

Registrar

R.O. Personnel

Office of the Registrar (White)

Student (Green)