



# APPLICATION FOR LEAVE OF ABSENCE

Document No.: FM-RO-22-02

Effective Date: July 28, 2017

**BILLING NO. :** \_\_\_\_\_

Amount: \_\_\_\_\_

NAME : \_\_\_\_\_  
Last First Middle

PROGRAM/YEAR: \_\_\_\_\_ STUDENT NO.: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

I hereby apply for a leave of absence from my studies at the Mapúa University effective \_\_\_\_\_ Quarter, AY \_\_\_\_\_.

**REASON:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	COURSE/S	QTR/AY
*Obtained In Progress grade/s in :	_____	_____
	_____	_____

I plan to return/complete the course/s on the \_\_\_\_\_ Quarter, AY \_\_\_\_\_ - \_\_\_\_\_.

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

I fully understand that my re-admission shall be subject to the review of my academic and deportment record in accordance with the school's re-admission and selective retention policies and that I have to **reactivate** six (6) weeks before the enrollment period (if leave is more than one term) otherwise, my enrollment/completion of above course/s will not be acted upon.

\_\_\_\_\_  
Student's Signature/Date

**NOTE :** Accomplish this form in two (2) copies.

REMARKS:		
Customer Service Section	FS Section Chief	Program Section Chief

CLEARANCE
TREASURY

Noted by/Date:

Encoded by/Date: