



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:			CLEARANCE
Customer Service Section	FS Section Chief	Program Section Chief	TREASURY

Noted by/Date:

Encoded by/Date: