Return from Leave of Absence (LOA)			REGISTRAR'S COPY
Name:	College:		
Student No.:	Degree P	rogram:	·
Granted Leave of Absence (LOA) from until Sem., SY		Sem., SY	
I will resume my studies in the University starting	ī-		Sem., SY
NOTED: (Signature over printed name):	2		Signature of Student
College Secretary	-		University Registrar
(Student is required a Medical Certificate from UPHS for LOA of more	e than one ser	mester)	omversity negistral
Return from Leave of Absence (LOA)			DEAN'S COPY
Name:	College:		
Student No.:	Degree P	rogram:	
I will resume my studies in the University starting			Sem., SY
NOTED: (Signature over printed name):	-		Signature of Student
College Secretary	-		University Registrar
(Student is required a Medical Certificate from UPHS for LOA of more	e than one sei	mester)	
Return from Leave of Absence (LOA)			STUDENT'S COPY
Name:	College:		
Student No.:	Degree P	rogram:	
Granted Leave of Absence (LOA) from until Sem., SY			
I will resume my studies in the University starting	X		Sem., SY
NOTED: (Signature over printed name):			Signature of Student
College Secretary	-		University Registrar

(Student is required a Medical Certificate from UPHS for LOA of more than one semester)