

## APPLICATION FOR LEAVE OF ABSENCE (LOA)

PLEASE PRINT ALL ENTRIES LEGIBLY

| RELEASED BY  |  | DATE RELEAS  | SED        |          |                   |     |        |     |
|--|--|--|------------|----------|-------------------|-----|--------|-----|
| PERSONAL INFORMATION   |  | ACADEMIC INFORMATION   |            |          |                   |     |        |     |
| LAST NAME  |  | ID NUMBER  |            |          |                   |     |        |     |
| FIRST NAME   |  | PROGRAM / DE   | GREE       |          |                   |     |        | I   |
| MIDDLE NAME  |  | OFFICE OF THE ASSOCIATE DEAN   |            |          |                   |     |        |     |
| SEX  | ☐ MALE ☐ FEMALE                                  | ENROLLED THIS TERM VES NO  |            |          |                   |     |        |     |
| CONTACT INFORMATION  |  | ENROLLED THIS TERM LYES L NO   |            |          |                   |     | Ю      |     |
|  |  | UNITS ENROLLED IN CURRENT TERM  UNITS OF FAILURE FOR CURRENT ACADEMIC YEAR   |            |          |                   |     |        |     |
| ADDRESS  |  |  |            |          |                   |     |        |     |
|  |  | UNITS OF ACCUMULATED FAILURE   |            |          |                   |     |        |     |
| TEL. NO.   | ()   | UNITS REMAINING TO COMPLETE THE PROGRAM  |            |          |                   |     |        |     |
| MOBILE NO.   | ()   | LATEST CGPA  |            |          |                   |     |        |     |
| EMAIL  |  | EFFECTIVITY OF LEAVE OF ABSENCE  |            |          |                   |     |        |     |
| SIGNATURE OF STUDENT   |  | FROM   | AY         |          | TERM              | 1   | 2      | 3   |
|  |  | UNTIL END OF   | AY         |          | TERM              | 1   | 2      | 3   |
| PARENT/GUARDIAN ON RECORD  |  | REASON(S) for fili<br>Leave Of Absence   |            | Acade    | <sub>emic</sub> [ | П м | edical |     |
|  |  | Note1: Kindly attach the supporting documents.   |            |          |                   |     |        |     |
| SIGNATURE OVER PRINTED NAME  |  | Note 2: If medical reason was cited for filing the LOA, the student must present a certificate of fit to study upon return.  Financial  Others: (Specify the reason on the space below.) |            |          |                   |     |        |     |
| Note: Please attach photocopy of ID with Signature   |  |  |            |          |                   |     | e      |     |
| IMPORTANT:   |  |  |            |          |                   |     |        |     |
| This form must be accomplished in four (4) copies and submitted to the Enrollment Services Hub.  |  |  |            |          |                   |     |        |     |
| The application for Leave of Absence (LOA) shall be deemed final and valid only upon the approval of the University Registrar. Submission of this application form to the OUR is not equivalent to an approval.  |  |  |            |          |                   |     |        |     |
|  |  | OFFICE of COUNSELING AND CAREER SERVICES (OCCS) [1]  |            |          |                   |     |        |     |
| The Document Tracking System (DTS) Number must be entered at <a href="http://enroll.dlsu.edu.ph/dlsu/dts">http://enroll.dlsu.edu.ph/dlsu/dts</a>   |  | SIGNATURE OVER PRINTED NAME/DATE   |            |          |                   |     |        |     |
| to monitor decision regarding this application.  |  | STUDENT DISCIPLINE AND FORMATION OFFICE (SDFO)   |            |          |                   |     |        | [2] |
| A copy of the approved LOA should be claimed at the Office of the Associate Dean.  |  | SIGNATURE OVER PRINTED NAME/DATE   |            |          |                   |     |        |     |
| An LOA shall be for a maximum of two (2) terms. A student on LOA is not permitted to enroll and study in another educational institution. No course taken from another school may be credited towards the completion of the program in DISLIFT or a student on LOA.  |  | ACCOUNTING OFFICE  |            |          |                   |     | [3]    |     |
|  |  | SIGNATURE OVER PRINTED NAME/DATE   |            |          |                   |     |        |     |
| DLSU for a student on LOA.  In addition to the provision in the Student Handbook which states that "No application for leave of absence (LOA) will be processed after the midterm except for special cases endorsed by the Associate Dean to the OUR," the Dean of Student Affairs (DSA) may also endorse the LOA on behalf of the OCCS and SDFO.  |  | SIGNATURE OVER PRINTED NAME/DATE HEALTH SERVICES OFFICE (FOR MEDICAL REASON)   |            |          |                   |     |        | [4] |
|  |  |  |            |          |                   |     |        |     |
|  |  | SIGNATURE OVER PRINTED NAME/DATE  OFFICE OF THE ASSOCIATE DEAN   |            |          |                   |     |        | [5] |
| 6. To return, a student with a valid LOA for all the trimesters of absence may obtain the Course Approval Form from the Office of the Associate Dean and routes it for signature at least a week before the start of classes. The Office of the Associate Dean will advise the student regarding the courses to enroll.  7. Other related policies on LOA are available in the Student Handbook. |  | OTTIOL OF THE AGO  | COUNTE DE  | _/ xi ¥  |                   |     |        | [2] |
|  |  | SIGNATURE OVER PRINTED NAME/DATE FOR OUR USE ONLY  |            |          |                   |     |        |     |
|  |  |  |            |          |                   |     |        |     |
| i i. Other related policies (  | ni Loa ate avaliable iii lile Sluuetil Hähudook. | SIGNATURE OVER F   | PRINTED NA | AME/DATE |                   |     |        |     |