Colegio de San Juan de Letran
151 Muralla Street, Intramuros, Manila, 1002 Philippines
Tel. No.: 8527-7693 to 97 loc. 331-335 Telefax: 82514179
Email: registrar@letran.edu.ph * Website: http://www.registrar.letran.edu.ph

LEAVE OF ABSENCE FORM

OFFICE OF THE DEAN

TO: THE REGISTRAR

_____
Date

Dear Sir/Madam:

I, _____,
Last Name *First Name* *Middle Name*

_____ _____ with student number _____,
Year Level *Course / Program*

would like to request a leave of absence effective [ ] first [ ] second [ ] midyear semester / term of Academic Year _____to [ ] first [ ] second [ ] midyear semester / term of Academic Year _____ due to _____. During my leave of absence, I will not enroll in any other school, and I will be back to school on ____ semester of Academic Year _____.

Hoping for your kind consideration regarding this matter.

Respectfully yours,

_____ _____
Signature over-printed name / Date Parent's/Guardian Signature over-printed name / Date

Noted by:

_____
[1] Guidance & Counseling / Date

_____
[2] Department of Student Affairs / Date

_____
[3] Student Accounts / Date

Approved by:

_____
[4] Dean / Date

Received & processed by:

_____
[5] Registrar / Date

Note:

1. Students with disciplinary records, academic deficiencies, unauthorized leave of absence, and/or who have been out of school for at least two consecutive years may not be readmitted.
2. In case of leave of absence due to illness, a certification from the attending physician concerned as to the student's fitness to study is required.