

Colegio de San Juan de Letran
Collegiate Division
Leave of Absence Form

Date

Dear Sir/Madam:

Please allow my son/daughter _____
LAST FIRST M.I
Year _____ Course _____ Major _____ with ID No. _____
to take a leave of absence effective [] First [] Second
semester of school year _____ because _____

He/She will be back on _____ semester of school year _____.

Respectfully yours,

Parent's/Guardian's Signature
over printed name

Approved by:

Noted by:

_____ Dean	_____ Date	_____ Finance & Administration Director	_____ Date
		_____ Student Affairs Director	_____ Date
		_____ Registrar	_____ Date

Remarks:

1. Student with disciplinary records, academic deficiencies, unauthorized leave of absence and/or has 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.
3. _____
4. _____