

COLLEGE OF SCIENCE
University of the Philippines-Diliman

Return from Leave of Absence (LOA)

DEAN'S COPY

Name: _____

Student Number: _____

Degree Program: _____

Granted Leave of Absence (LOA) from _____ semester, Academic Year 20__ -20__ until _____ semester, Academic Year 20__ - ____.

I will resume my studies in the University starting _____ semester, Academic Year 20__ -20__.

NOTED (Signature over printed name):

Signature of Student : _____

Program Adviser

College Secretary

University Registrar

*A unit may require a certification of a student's fitness to enroll from the U.P. Health Service

COLLEGE OF SCIENCE
University of the Philippines-Diliman

Return from Leave of Absence (LOA)

STUDENT'S COPY

Name: _____

Student Number: _____

Degree Program: _____

Granted Leave of Absence (LOA) from _____ semester, Academic Year 20__ -20__ until _____ semester, Academic Year 20__ - ____.

I will resume my studies in the University starting _____ semester, Academic Year 20__ -20__.

NOTED (Signature over printed name):

Signature of Student : _____

Program Adviser

College Secretary

University Registrar

*A unit may require a certification of a student's fitness to enroll from the U.P. Health Service

COLLEGE OF SCIENCE
University of the Philippines-Diliman

Return from Leave of Absence (LOA)

REGISTRAR'S COPY

Name: _____

Student Number: _____

Degree Program: _____

Granted Leave of Absence (LOA) from _____ semester, Academic Year 20__ -20__ until _____ semester, Academic Year 20__ - ____.

I will resume my studies in the University starting _____ semester, Academic Year 20__ -20__.

NOTED (Signature over printed name):

Signature of Student : _____

Program Adviser

College Secretary

University Registrar

*A unit may require a certification of a student's fitness to enroll from the U.P. Health Service