

**LEAVE OF ABSENCE APPROVAL FORM**

Student's Name		ID Number	
Email		Mobile #	
College/Major		Degree Sought	
Academic Advisor		Semester/Year	
Total Earned Credits		CGPA	
Academic Status	Clear	Probations [    ]	Critical Academic Standing
Reasons to request the Leave of Absence			
Planned Return Date(Semester/Year):			
Signature		Date	
Decision of the Department Chairperson		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Justification			
Signature:		Date:	
Recommendation of the College Dean		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Justification			
Signature:		Date:	
Decision of the VP for Academic Affairs		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Justification			
Signature:		Date:	
Finance Office (Signature and Stamp)			
Continuous Enrollment Fees: <input type="checkbox"/> Paid.			
Signature:		Date:	
Registrar's Office			
Comments:			
Signature:		Date:	

Please refer to the *Leave of Absence* regulations postulated in the undergraduate catalog.