

 DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE The Registrar Records and Evaluation City of Dasmariñas, Cavite, Philippines (046) 481-8000 / (02) 8988-3100, loc. 1461 registrar@dlsmhsi.edu.ph LEAVE OF ABSENCE FORM	College / Department:
	Grade / Course / Section:
	Date Filed:

Instructions:

1. Completely fill out the form in triplicate (student, Dean, and Registrar’s copy) and signed by the student’s parent/guardian, endorsed by the Vice Dean, approved by the College Dean, and noted by the Registrar;
2. If emancipated from parental authority, an appropriate affidavit is required;
3. This application requires accomplished student clearance, dropping form and memorandum of agreement.

Important Notice:

1. This application is valid for a maximum of one (1) academic year; extension, if necessary, should be filed accordingly.

Application for LOA is sanctioned under the section on Leave of Absence and Residency of the Institutional Student Handbook.

Surname: _____	Given Name: _____	Middle Name: _____
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☐ 1st Term

☐ 2nd Term

☐ 3rd Term

☐ Mid-Year Term

AY _____ - _____

Reason(s)

☐ Financial

☐ Health (with attached Medical Certificate)

☐ Others (Specify) : _____

Signature of Student Over Printed Name

Email Address: _____

Contact No.: _____

Signature of Parent/Guardian Over Printed Name
(if unemancipated from parental authority)

Email Address: _____

Contact No.: _____

Academic Standing (For Advisers)

☐ Satisfactory

☐ Unsatisfactory

Remarks: _____**Balance (if any):** _____