



OVCA FORM 113: EXCUSE FOR SCHOOL ABSENCE

Date Filed: _____
Name of Student: _____ Contact Number/s: _____
Course/Year/Section: _____
Date of Absence/s: _____

Please check one of the following:

[] Illness/Injury [] Doctor's Appointment
[] Death or Illness in the Family [] Inclement Weather
[] Religious Observance (applicable only to those who have no RLE/Internship Program)
[] Required Presence in the Family Gathering (applicable only to those who have no RLE/Internship Program) Others, please specify: _____

I hereby certify that the aforementioned student was absent on the date/s listed for the reason specified.

Signature over Printed Name of the Parent/Guardian

Note: Kindly attach the supporting documents.
Accomplish in two (2) copies: 1-College/Department, 1-Student

ACTION TAKEN

() APPROVED

() DISAPPROVED

Special Instructions:

_____.

SIGNED:

Subject Professor

Signature Over Printed Name
of Department Chair/Program Director

Dean