

OFFICE OF THE REGISTRAR
DE LA SALLE UNIVERSITY-DASMARIÑAS
Dasmariñas, Cavite

APPLICATION FOR LEAVE OF ABSENCE (LOA)

Name : _____ Date Filed: _____

Program Code: _____ Student No: _____

Date (s) : ___ 1st semester ___ 2nd Semester ___ Summer, School Year _____

Reason (s):

Expected return to the University:

_____ 1st Semester _____ 2nd Semester _____ Summer, School Year _____

Signature of Student

Attested by :

Parent / Guardian
(Signature over printed name)

Noted by :

Approved by :

Chair /Dean

Department/ College : _____

Cc: Dean
Registrar
Admission & Testing
Accounting