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CITY GOVERNMENT OF SAN PABLO
PAMANTASAN NG LUNGSOD NG SAN PABLO



CHED Recognized Local University
TESDA Recognized Programs
ALCU Commission on Accreditation – Level 2 Accredited
Member, Association of Local Colleges and Universities
Member, Local Colleges and Universities Athletic Association, Inc.



LEAVE OF ABSENCE (LOA)

APPLICATION FORM

Student Number: _____
Student Name: _____ **Sex:** _____
Course / Year Level: _____

Reason for LOA:

Medical Financial Family Employment

Semester & AY Applied For: _____

Requested Duration:

One (1) Semester One (1) Academic Year

Student Declaration:

I voluntarily apply for a Leave of Absence and affirm that my entitlement to the Free Higher Education (FHE) program upon re-enrollment shall be determined in accordance with UniFAST policies and the remaining allowable years prescribed by law.

Student Signature _____ **Date:** _____

Endorsements:

Dean _____ Date: _____ Guidance Office _____ Date: _____

STUDENT'S CLEARANCE

Office	Status (Cleared)	Not Cleared	Signature	Date
Dean	<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	_____	_____
Guidance Office	<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	_____	_____
Library	<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	_____	_____
Accounting / Cashier	<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	_____	_____
OSAS	<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	_____	_____
UniFAST Office	<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	_____	_____

This clearance certifies that the student named above has complied with all required clearance requirements prior to the approval of his/her Leave of Absence (LOA).

Evaluated and Recommended by:

Encoded by:

Registrar _____ Date: _____

EMISO _____ Date: _____