

University of the Philippines Los Baños
GRADUATE SCHOOL
College, Laguna

CLEARANCE FOR LEAVE OF ABSENCE

_____ Semester/Summer _____

NOTE: *Please attach approved leave of absence, medical certificate, or other pertinent document(s).*

NAME: _____ Student No.: _____ Degree: _____
Address at UPLB: _____
Home Address: _____
Duration of Leave: _____
Reasons for Leave: _____

I. Subject(s)

Enrolled in:	Signature of Instructor		Lecture: Please indicate if without evaluation; if with evaluation, please specify whether passing or failing.
	Lecture	Laboratory	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Printed Name	Signature
II. Major Adviser	_____	_____
III. Department Chair	_____	_____
IV. Library	_____	_____
V. UPLB Health Service	_____	_____
VI. Dormitory	_____	_____
VII. Accounting Division	_____	_____

Approved Disapproved
For the Dean

Secretary