



GRADUATE SCHOOL
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Jose B. Juliano Avenue, College, Laguna 4031, Philippines
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APPLICATION FOR LEAVE OF ABSENCE

Name: _____ Student No: _____
 Program: _____
 Semester Started: _____
 UP Mail: _____
 Mobile Number: _____
 Semester/s Applied for Leave: _____
 Semester to Resume Schooling: _____
 Reason for Filing Leave of Absence: _____

I am aware of the UPLB Graduate School policy regarding the maximum residency rule, i.e., five (5) years for Master's and seven (7) years for Doctoral to finish the degree exclusive of the leave of absence which should not exceed two (2) years.

 Student
 (Signature over printed name)
 Date: _____

RECOMMENDING APPROVAL:

Advisory/Guidance Committee

 Chair
 (Signature over printed name)
 Date: _____

 Co-chair/Member
 (Signature over printed name)
 Date: _____

 Member
 (Signature over printed name)
 Date: _____

 Member
 (Signature over printed name)
 Date: _____

 Member
 (Signature over printed name)
 Date: _____

APPROVED/DISAPPROVED:

PAMELA A. CUSTODIO
 Graduate School Secretary
 Date: _____

cc: Office of the University Registrar
 Adviser:

EVALUATION	
Term started:	
MRR Term:	
Total Terms on LOA including term applied for:	
Adjusted MRR:	
Evaluated by:	
Signature of Evaluator:	