



GRADUATE SCHOOL  
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Jose B. Juliano Avenue, College, Laguna 4031, Philippines  
+6349 536 3414 / 2310 | gs.uplb@up.edu.ph | http://gs.uplb.edu.ph



**CLEARANCE FOR LEAVE OF ABSENCE**

Name: \_\_\_\_\_ Student No: \_\_\_\_\_  
 Semester/Term: \_\_\_\_\_ Academic Year: 20\_\_\_\_ - 20\_\_\_\_  
 Degree Program: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Temporary Address: \_\_\_\_\_  
 Duration of Leave: \_\_\_\_\_  
 Reason for Filing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I. Subjects(s)

No.	Course Code	Faculty-In-Charge(s) Signature		To be fill by Lecture: A. Please indicate if without evaluation. B. If with evaluation, please specify whether passing or failing.
		Lecture	Laboratory	
1				
2				
3				
4				
5				
6				

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

\_\_\_\_\_  
 Student  
 (Signature over printed name)  
 Date: \_\_\_\_\_

APPROVED/DISAPPROVED:

**PAMELA A. CUSTODIO**  
 Graduate School Secretary  
 Date: \_\_\_\_\_

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