

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: \_\_\_\_\_  
 Reason(s) 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	
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

(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

**PAMELA A. CUSTODIO**  
 Secretary