

University of the Philippines Los Baños
GRADUATE SCHOOL
College, Laguna

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 maximum residency rule, i.e.; five (5) years for the Master's and seven (7) years for the Doctoral to finish the degree exclusive of the leave of absence which should not exceed two (2) years.

Name of Student
(Signature above printed name)

RECOMMENDING APPROVAL:

Advisory/Guidance Committee
(Signature above printed name)

_____	_____
Member	Member
_____	_____
Member	Member

Adviser	

EVALUATION

APPROVED/DISAPPROVED:

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

MARK DONDI M. ARBOLEDA
OIC Graduate School Secretary

Date: _____

cc: University Registrar's Office
Adviser: _____