

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: \_\_\_\_\_

**PAMELA A. CUSTODIO**  
Graduate School Secretary

Date: \_\_\_\_\_

cc: University Registrar's Office  
Adviser: \_\_\_\_\_