



Application for Leave of Absence (LOA)

This form must be accomplished in five (5) copies. Please type or print all information required. Leave of absence is automatically for one (1) academic year but the student may shorten the period by applying for reinstatement of student status. Application form with incomplete information shall not be admitted for further processing.

Name of Student: _____
Last Name First Name Middle Name

Student Number: _____ Course/Year Level: _____
Contact Number: _____

Application for leave of absence effective: School Year _____
Semester _____

Reason/s:

I agree that I will not enroll in another school once this absence is approved and should I enroll, FAITH reserves the right not credit any units earned in the said school.

(Student's Signature over Printed Name) (Parent/Guardian's Signature over Printed Name)

Date: _____ Date: _____

Cleared and Approved

Office of Student Life and Services

Office of Scholarship and Financial Assistance

College Dean

Leave of Absence Approved by:

Registrar Date: _____