Republic of the Philippines
CAVITE STATE UNIVERSITY
Don Severino delas Alas Campus
Indang, Cavite

APPLICATION FOR LEAVE OF ABSENCE

Name: _____ Date Filed: _____

Program/Course: _____ Student No.: _____

Applied for: 1st Semester _____ 2nd Semester _____ Summer _____, AY_____

Effective Dates: _____

Reason (s):
_____
_____
_____

Expected return to the University:

1st Semester _____ 2nd Semester _____ Summer _____, AY_____

_____
Signature over Printed Name of Student

Attested by:

_____
(Signature over printed name of Parent/Guardian)

Noted by:

_____
Signature over Printed Name
of Registration Adviser

Recommending Approval

_____
College Dean

APPROVED:

_____
Vice President for Academic Affairs

(To be prepared in quadruplicate. Copy 1- University Registrar; Copy 2- College Dean; Copy 3- College Registrar; and Copy 4- Student)