

	Republic of the Philippines <b>BULACAN AGRICULTURAL STATE COLLEGE</b> Pinaod, San Ildefonso, Bulacan 3010	Document No.: QRDI-COP-REGR09-001
		Rev. No.: 00
	<b>STUDENT'S LEAVE OF ABSENCE REQUEST FORM</b>	Effectivity Date: 07.08.2021

**STUDENT INFORMATION**

**Student Name** : \_\_\_\_\_  
**Student ID Number** : \_\_\_\_\_  
**Last Semester/AY** : \_\_\_\_\_  
**Enrollment** : \_\_\_\_\_  
**Complete Address** : \_\_\_\_\_  
**Email Address** : \_\_\_\_\_  
**Contact Number** : \_\_\_\_\_

**LEAVE INFORMATION**

Leave Effectivity* (Please indicate Semester and Academic Year) : _____ _____
Intended Returning Term** (Please indicate Semester and Academic Year) : _____ _____
Reason for the requested leave of absence : <input type="radio"/> Due to sickness and unable to continue attending classes (supported by a medical certificate) <input type="radio"/> Being drafted for military training (supported by military training letter) <input type="radio"/> Unable to continue attending classes but beyond the period of official dropping and the student's class standing is of passing quality as certified by the instructors (supported by certification) <input type="radio"/> Other valid reason: _____ _____ _____ _____

\*The leave of absence is granted and allowed only for a maximum of one academic year within the whole program of study of the student.

\*\*The maximum residency rule state that a student must finish the requirements equivalent to a maximum of one and one-half of the normal length prescribed for the course; otherwise he may not be allowed to enroll in the same course.

Reminder: No student shall graduate from the College unless he has completed at least one (1) year (two regular subsequent semester) of residence work immediately prior to graduation.

\_\_\_\_\_  
 Student signature over printed name

Date of Application: \_\_\_\_\_

Noted:

\_\_\_\_\_  
 Institute / College Dean & Date

\_\_\_\_\_  
 Program Chair & Date

Approved:

**JAN MICHAEL A. RAMOS**  
 \_\_\_\_\_  
 College Registrar & Date