



**University of the Philippines  
Manila**  
**APPLICATION FOR LEAVE OF ABSENCE**

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

**THE DEAN**  
College of Pharmacy  
Valenzuela Hall, Taft Ave., Manila

Sir/Madam:

I, \_\_\_\_\_ with Student Number \_\_\_\_\_ would like to apply for leave of absence from my degree program/course \_\_\_\_\_ effective First/Second/Third in Semester/Trimester AY \_\_\_\_\_ up to First/Second/Third Semester/Trimester AY \_\_\_\_\_.

**REASON/S FOR LOA:** \_\_\_\_\_

Very truly yours,

Noted by:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Name and Signature of Parent/Guardian  
Date: \_\_\_\_\_

**Note to the student:**

1. Accomplish college clearance and secure certification from the Director of Student Affairs that you have no pending case. If the leave of absence is due to sickness, please attach **MEDICAL CLEARANCE** from the UP Health Service.
2. If withdrawal is after  $\frac{3}{4}$  of the **semester/term**, your instructor may give you a grade of "5" if your class standing up to the time of withdrawal is failing.
3. **NO** leave of absence is permitted within two weeks from the last day of classes.

**Note to the Instructor:**

If the leave of absence is to be taken **after the mid-semester period**, which is on \_\_\_\_\_, the instructor concerned is required to indicate the class standing of the student at the time the leave is applied for.

Count	Subject enrolled	Class standing	Instructor's signature	Count	Subject enrolled	Class standing	Instructor's signature
1				5			
2				6			
3				7			
4				8			

**SCHOLASTIC STANDING** as of the last semester: \_\_\_\_\_, AY \_\_\_\_\_:

- Good                       Probation                       Enrolled  
 Warning                       Readmitted                       Not enrolled

**CLEARANCE**

\_\_\_\_\_  
Name & Signature of Program Coordinator                      Date                      Name & Signature of University Librarian                      Date

\_\_\_\_\_  
Name & Signature of College Secretary                      Date                      Name & Signature of Director of Student Affairs                      Date

**NOTED:**

**APPROVED** /  **DISAPPROVED:**

\_\_\_\_\_  
Name & Signature of Adviser                      Date                      Name & Signature of Dean                      Date

**LOA FEE** paid under O.R. No. \_\_\_\_\_ dated \_\_\_\_\_ in the amount of One Hundred Fifty Pesos (₱150.00).

**Note:** LOA should not exceed one year but may be renewed for at most another year. When not taken in two (2) successive years, the aggregate LOA should not exceed two (2) years.