



LAGUNA UNIVERSITY

Registrar's Office

Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna
Tel. No. (049) 576-4359

REQUEST FOR LEAVE OF ABSENCE			
DATE OF FILING:		TERM: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Mid-Year, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		STUDENT NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO.		EMAIL ADDRESS	
REASON/S FOR FILING REQUEST FOR LEAVE OF ABSENCE		REASON/S FOR EXTENDING THE FILED LEAVE OF ABSENCE	
Parent/Guardian Signature over Printed Name/Date		Student Signature over Printed Name/Date	
ACCOUNTABILITY CLEARANCE			
Office of Student Affairs and Services Signature over Printed Name/Date	University Library Signature over Printed Name/Date	Cashier Signature over Printed Name/Date	
ACTION TAKEN			
Recommended by: Program Chair Signature over Printed Name	Endorsed by: Dean Signature over Printed Name	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Registrar Signature Over Printed Name	Processed by: Registrar's Staff Signature over Printed Name/Date
Notes: The study load and sequence of courses shall be in accordance with the approved curriculum program.			
DATA PRIVACY CONSENT: I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the established guidelines of Laguna University Further, I agree to collection and processing of my data for the purpose of processing my leave of absence at Laguna University. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.			
Student Signature over Printed Name/Date			

Please prepare this form in 2 copies (Registrar's Copy and Student's Copy)