

**Colegio de San Juan de Letran**  
COLLEGIATE DEPARTMENT  
Leave of Absence Form

\_\_\_\_\_  
Date

Dear Sir/Madam:

Please allow my son/daughter \_\_\_\_\_  
LASTNAME FIRSTNAME M.I.

Year \_\_\_\_\_ Course \_\_\_\_\_ Major \_\_\_\_\_

with student no. \_\_\_\_\_

To take a leave of absence effective [ ] first [ ] second semester of school year \_\_\_\_\_

because \_\_\_\_\_

=====

He/She will be back on \_\_\_\_\_ semester of school year \_\_\_\_\_.

Respectfully yours,

\_\_\_\_\_  
Parent's/Guardian's Signature  
Over printed name

Approved by:

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance & Administration  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Affairs Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

**Remarks:**

1. Student with disciplinary records, academic deficiencies, unauthorized leave of absence and/or has been out of school for at least two consecutive years may not be readmitted.
2. In case of leave due to illness a certification from the attending physician concerned as to the student's fitness to study is required.