



Please fill-up in typewritten form

De La Salle University
Student Affairs Office

_____ Date

To : _____

Department : _____

From : _____

Ms. Fritzie Ian P. De Vera
Dean, Student Affairs

Re : **APPROVED ABSENCE**

Good day!

Pursuant to Sec. 6.8.1 & Sec. 6.8.3 of the Student Handbook which encourage a balanced education for our students, please consider the absence of _____ from your class _____

(Name)

(Course and Section)

on _____ as approved absence(s).

(Date and Time)

He/She is _____

(State the reason)

The concerned student certifies that he/she has incurred only _____ non-approved absences in your class. If this number is less than what your records show, kindly disregard this request.

I understand that only the absence is excused and, therefore, the concerned student will be held responsible for all missed assignment, examinations, reports and other requirements in your class.

Your favorable attention is highly appreciated.

Thank you very much.

Recommending Approval:

Requesting Student:

Ms. Evelyn Lopez Esparrago
Director, Office of Student Leadership, Involvement
Formation and Empowerment

(Please print name & sign)

IMPORTANT

For the student concerned

1. The Office of the Dean of Student Affairs will process this form in one working day i.e forms submitted Monday morning can be picked up Tuesday morning.

2. The student should pick-up this form himself or herself from the of the Dean of Student Affairs.