

**SCIENCE EDUCATION INSTITUTE**  
Department of Science and Technology

**APPLICATION FORM FOR LEAVE OF ABSENCE (LOA)**

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

Name: \_\_\_\_\_

Course: \_\_\_\_\_

School: \_\_\_\_\_

Scholarship Program: Undergraduate ☐ RA 7687 ☐ Merit ☐ RA 10612 JLSS  
Graduate ☐ ASTHRDP-NSC ☐ ASTHRDP-Science Ed ☐ ASTHRDP-NCGSME

Contact Number/s: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Effectivity of Leave : ( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) 4<sup>th</sup> Semester/ Term AY \_\_\_\_\_

Until : ( ) 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) 4<sup>th</sup> Semester/ Term AY \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Please attach the following requirements:

1. Letter of Request for Leave of Absence
2. University Approval of LOA
3. Certification/True Copy of Grades in all Semesters Enrolled
4. Breakdown of Financial Assistance Received

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**To be accomplished by SEI**

☐ Approved

☐ Disapproved

Evaluated By: \_\_\_\_\_

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