

**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  CBPSME  STRAND

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 Over Printed Name of Scholar

Please attach the following requirements:

1. Letter of Request for Leave of Absence
2. Supporting Document for the Reason of the Leave, if applicable
3. University Approval of LOA
4. Certification/True Copy of Grades in all Semesters Enrolled
5. Breakdown of Financial Assistance Received

**For Staff use only.**

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

Signature Over Printed Name  
of Project Staff

APPROVED  DISAPPROVED

\_\_\_\_\_  
Signature Over Printed Name  
of Project Leader/Director, *University*

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