

RETURN FROM LEAVE OF ABSENCE (LOA)

DEAN'S COPY

NAME: _____

COLLEGE: **SCIENCE** _____

STUDENT NO.: _____

DEGREE PROGRAM: _____

Granted Leave of Absence (LOA) from _____ Semester, Academic Year _____ - _____
until _____ Semester, Academic Year _____ - _____

I will resume my studies in the University starting _____ Semester, Academic Year _____ - _____

NOTED (Signature over printed name):

Signature of Student

Program Adviser

College Secretary

University Registrar

(Student is required a Medical Certificate from UPHS for LOA of more than one semester)

RETURN FROM LEAVE OF ABSENCE (LOA)

STUDENT'S COPY

NAME: _____

COLLEGE: **SCIENCE** _____

STUDENT NO.: _____

DEGREE PROGRAM: _____

Granted Leave of Absence (LOA) from _____ Semester, Academic Year _____ - _____
until _____ Semester, Academic Year _____ - _____

I will resume my studies in the University starting _____ Semester, Academic Year _____ - _____

NOTED (Signature over printed name):

Signature of Student

Program Adviser

College Secretary

University Registrar

(Student is required a Medical Certificate from UPHS for LOA of more than one semester)

RETURN FROM LEAVE OF ABSENCE (LOA)

REGISTRAR'S COPY

NAME: _____

COLLEGE: **SCIENCE** _____

STUDENT NO.: _____

DEGREE PROGRAM: _____

Granted Leave of Absence (LOA) from _____ Semester, Academic Year _____ - _____
until _____ Semester, Academic Year _____ - _____

I will resume my studies in the University starting _____ Semester, Academic Year _____ - _____

NOTED (Signature over printed name):

Signature of Student

Program Adviser

College Secretary

University Registrar

(Student is required a Medical Certificate from UPHS for LOA of more than one semester)