

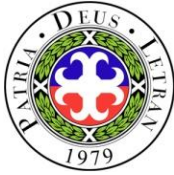


Colegio de San Juan de Letran Calamba

City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
 Collegiate Records Unit

33:00-02-FO-28 rev.01 03012023
 (Registrar's Copy)

LEAVE OF ABSENCE (LOA) FORM			
DATE OF FILING		TERM: [] 1 st [] 2 nd [] Inter-Sem, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO.		PERSONAL EMAIL ADD	
REASON/S FOR APPLYING			
<hr/> <hr/> <hr/> <hr/>			
_____ Student Signature over Printed Name	_____ Date	_____ Parent Signature over Printed Name	_____ Date
DATA PRIVACY CONSENT			
<p>I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.</p> <p>Further, I agreed to the collection and processing of my data in relation to my <i>request for leave of absence (LOA)</i> to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations.</p>			
_____ Signature over Printed Name/Date			
ACTION TAKEN			
Noted by: _____ Academic Dean Signature Over Printed Name	Approved by: _____ Registrar/College Records Officer Signature Over Printed Name	Encoded by: _____ Records Evaluator/Assistant Signature over Printed Name/Date	
NOTE: 1. <i>Request for extension is valid only for one semester.</i> 2. <i>Attach a photocopy of any valid ID of your parent.</i>			
Student's Copy Received by: _____ Date: _____			



Colegio de San Juan de Letran Calamba

City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
 Collegiate Records Unit

33:00-02-FO-28 rev.01 03012023
 (Student's Copy)

LEAVE OF ABSENCE (LOA) FORM			
DATE OF FILING:		TERM: [] 1 st [] 2 nd [] Inter-Sem, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO.		EMAIL ADD	
REASON/S FOR APPLYING			
<hr/> <hr/> <hr/> <hr/>			
<hr/> Student Signature over Printed Name		<hr/> Parent Signature over Printed Name	
<hr/> Date		<hr/> Date	
ACTION TAKEN			
Noted by: <hr/> Academic Dean Signature Over Printed Name	Approved by: <hr/> Registrar/College Records Officer Signature Over Printed Name		Encoded by: <hr/> Records Evaluator/Assistant Signature over Printed Name/Date
NOTE: 1. Request for extension is valid only for one semester. 2. Attach a photocopy of any valid ID of your parent.			