



REQUEST FOR LEAVE OF ABSENCE

Date

ANABELLA B. TULIN
Dean, Graduate School
VSU, Visca, Baybay City, Leyte

Dear Dr. Tulin:

I wish to request for leave of absence from VSU Graduate School from _____ 2020 to _____ because of the following reasons:

Very truly yours,

Name and signature

Noted:

Chairman, Graduate Advisory Committee

Date: _____

Approved:

ANABELLA B. TULIN
Dean, Graduate School
Date: _____

Distribution of copies: Graduate Student, Registrar, Major Department, Graduate School

* Indicate N/A or NONE for fields not applicable