READ and FOLLOW:

Use only a BLUE pen.

✓ AVOID erasure/s. DO NOT USE correction tape/fluid.

 \checkmark If erasure is inevitable, strikethrough the text and write the strikethrough, as shown: correct text on top and put countersign on the end of the correct

mistake *

UNIVERSITY REGISTRAR

1/F Administration Building Visca, Baybay City, Leyte Telefax: +63 53 563 7067; +63 53 565 0600 local

Email:registrar@vsu.edu.ph Website: www.vsu.edu.ph

		AVE OF ABSENCE	BSENCE	
Student No. Last Name 22-1-01219 San Jose	Last Name San Jose	First Name NIKKO John	Middle Name	Course & Year
(Name of Dean) Dean, College of AgYIC Visayas State University Visca, Baybay City, Leyte	Agriculture iversity ty, Leyte	(Name of Dean) VICTOY B. ASID, Ph. D. Dean, College of Agriculture and Food Science Visayas State University Visca, Baybay City, Leyte	August Date	Date 21, 2023
Sir / Madam:	ply for leave of abs	Sir / Madam: I would like to apply for leave of absence effective today until the end of school year 2023-2029	I the end of school	year 2023-2029
to sustain	both living	to sustain both Inving and concentrational exponses.	onses.	

For currently enrolled students only:

For a leave of absence to be availed of during the 2^{nd} half of the semester, <u>professors</u> concerned are required to <u>indicate</u> the class standing of the student whether "Passing" or "Failing" at the time of application for leave.

Signature of Student

		,	Subject
			Class Standing
			Inst./Prof. Signature
			Subject
			Class Standing
			Signature

Recommending Approval:

Approved:

Noted:

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Dean of Students

Date: DIDATIO Department Head

Date:

College Dean

BANGG

Distribution: 1 Registrar, 1 Dean of Students, 1 College Dean, 1 Parents/Guardian, 1 Student

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