



APPLICATION FOR LEAVE OF ABSENCE

Student No.	Last Name	First Name	Middle Name	Course & Year
20-1-00004	Metran	Glaiza	Aldonsa	BS Chem - III

January 26, 2023
 Date

Dean, College of _____
 Visayas State University
 Visca, Baybay City, Leyte

Sir / Madam:

I would like to apply for leave of absence effective _____ until the end of _____
 for the following reason(s) _____

 Signature of Student

For currently enrolled students only:

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

Subject	Class Standing	Inst./Prof. Signature	Subject	Class Standing	Inst./Prof. Signature
Chem 137			Envi II		
Chem 137-2					
Chem 149.1					
Chem 149n					
Chem 158					
Chem 158.1					

Recommending Approval:

Approved:

Noted:

 Department Head
 Date: _____

 College Dean
 Date: _____

 Dean of Students