



**APPLICATION FOR LEAVE OF ABSENCE**

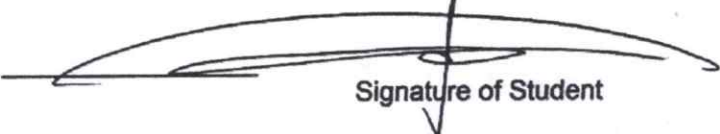
Student No.	Last Name	First Name	Middle Name	Course & Year
17-1-00246	DAGDY	SOMAR	H	BSA 4

4-27-22  
Date

Dr. Victor Asio  
Dean, College of C&ES  
Visayas State University  
Visca, Baybay City, Leyte

Sir / Madam:

I would like to apply for leave of absence effective 4-27-22 until the end of 1st semester  
for the following reason(s) family and financial problems.

  
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

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**Recommending Approval:**

**Approved:**

**Noted:**

  
RUTH O. ESCALINAS  
Department Head  
Date: \_\_\_\_\_

VICTOR B. ASIO  
College Dean  
Date: \_\_\_\_\_

MANOLO B. LORETO  
Dean of Students