



OFFICE OF THE COLLEGE SECRETARY  
College of Social Sciences and Philosophy  
University of the Philippines Diliman

RETURN FROM LEAVE OF ABSENCE (LOA)

REGISTRAR'S COPY

Name: \_\_\_\_\_  
Student No. \_\_\_\_\_ Degree Program: \_\_\_\_\_

Granted Leave of Absence (LOA) from \_\_\_\_\_ Sem., AY \_\_\_\_\_  
until \_\_\_\_\_ Sem., AY \_\_\_\_\_.

I will resume my studies in the University starting \_\_\_\_\_ Sem., AY \_\_\_\_\_

NOTED: (Signature over printed name)

\_\_\_\_\_  
College Secretary Date

\_\_\_\_\_  
Signature of Student Date  
\_\_\_\_\_  
University Registrar

**\*Attached letter of Intent to Enroll**  
**(Student is required a Medical Certificate from UPHS for LOA of more than one semester)**



OFFICE OF THE COLLEGE SECRETARY  
College of Social Sciences and Philosophy  
University of the Philippines Diliman

RETURN FROM LEAVE OF ABSENCE (LOA)

DEAN'S COPY

Name: \_\_\_\_\_  
Student No. \_\_\_\_\_ Degree Program: \_\_\_\_\_

Granted Leave of Absence (LOA) from \_\_\_\_\_ Sem., AY \_\_\_\_\_  
until \_\_\_\_\_ Sem., AY \_\_\_\_\_.

I will resume my studies in the University starting \_\_\_\_\_ Sem., AY \_\_\_\_\_

NOTED: (Signature over printed name)

\_\_\_\_\_  
College Secretary Date

\_\_\_\_\_  
Signature of Student Date  
\_\_\_\_\_  
University Registrar

**\*Attached letter of Intent to Enroll**  
**(Student is required a Medical Certificate from UPHS for LOA of more than one semester)**



OFFICE OF THE COLLEGE SECRETARY  
College of Social Sciences and Philosophy  
University of the Philippines Diliman

RETURN FROM LEAVE OF ABSENCE (LOA)

STUDENT'S COPY

Name: \_\_\_\_\_  
Student No. \_\_\_\_\_ Degree Program: \_\_\_\_\_

Granted Leave of Absence (LOA) from \_\_\_\_\_ Sem., AY \_\_\_\_\_  
until \_\_\_\_\_ Sem., AY \_\_\_\_\_.

I will resume my studies in the University starting \_\_\_\_\_ Sem., AY \_\_\_\_\_

NOTED: (Signature over printed name)

\_\_\_\_\_  
College Secretary Date

\_\_\_\_\_  
Signature of Student Date  
\_\_\_\_\_  
University Registrar

**\*Attached letter of Intent to Enroll**  
**(Student is required a Medical Certificate from UPHS for LOA of more than one semester)**