



Republic of the Philippines  
**University of Southeastern Philippines**  
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### APPLICATION FOR LEAVE OF ABSENCE

<b>Date of Filing:</b>	<b>Student ID No.:</b>	<b>College:</b>	<b>Year:</b>
<b>Student's Name (Last Name, First Name, Middle Name):</b>		<b>Email:</b>	<b>Contact Number:</b>

**Program/Major:**

**LEAVE OF ABSENCE INFORMATION**

**Inclusive Data of Leave of Absence (must not exceed one year):**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Projected Sem/Term of Return:**

1<sup>st</sup> Sem/Term       2<sup>nd</sup> Sem/Term       3<sup>rd</sup> Term/Summer      AY 20\_\_\_\_ - 20\_\_\_\_

**Reason/s for Filing:**

I fully understand that my name will be delisted from the Master List of Beneficiaries if I fail to enroll in more than one academic term within the academic year.

\_\_\_\_\_

Student's Signature over Printed Name

**Recommending Approval:** \_\_\_\_\_ **Approved:** \_\_\_\_\_

Program Head's Signature over Printed Name      Dean's Signature over Printed Name

<b>Please check if you are a grantee of the following UniFAST Programs:</b> <input type="checkbox"/> TES <input type="checkbox"/> TDP <input type="checkbox"/> FHE <b>TES/TDP Award No.</b> _____	<b>For: OSAS Scholarship Unit</b> <b>Verified by:</b> _____
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**Received copy:** \_\_\_\_\_  
 Registrar In-charge

**Date:** \_\_\_\_\_