

Republic of the Philippines  
University of Southeastern Philippines  
**COLLEGE OF ARTS AND SCIENCES**  
Davao City

**APPLICATION FOR LEAVE OF ABSENCE (LOA)**

Name of student: \_\_\_\_\_

Course / Year: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason/s for filing Leave of Absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of admission to USEP: \_\_\_\_\_

Date of filing LOA: \_\_\_\_\_

Inclusive date of LOA: From: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name

Recommending Approval:

\_\_\_\_\_  
Department Chair

Approved:

\_\_\_\_\_  
Dean, CAS