

	STUDENT'S LEAVE OF ABSENCE	Document No.	WVSU-REG-SOI-02-F07
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	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	March 4, 2021
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Name: _____ ID No.: _____
(Family) (First) (Middle)

College of _____ Campus: _____

Course / Year / Section: _____ Major / Specialization: _____
(before leave of absence)

XX

Date _____

The Dean
College of _____
This University

Dear _____:

I am respectfully applying for a leave of absence from my studies at the West Visayas State University effective the _____ Semester of School Year 20 ____ - 20 ____, for the following reason/s:

- 1. _____
- 2. _____

I will resume my studies in the _____ Semester of School Year 20 ____ - 20 ____.

I am fully aware that my leave of absence will affect the regular status of my degree program.

Very truly yours,

(Signature Over Printed Name)

- () Approved
- () Disapproved

Dean

Date: _____