

University of the Philippines Los Baños
GRADUATE SCHOOL
College, Laguna

The Secretary
UPLB Graduate School
College, Laguna

Date

Dear Sir:

I would like to request for a leave of absence (LOA) effective _____
up to _____ due to _____

Further, I am aware of the UPLB Graduate School policy regarding maximum residency rule, i.e.; five (5) years for the Master's and seven (7) years for the Doctoral to finish the degree inclusive the leave of absence which should not exceed two (2) years.

Thank you.

Very truly yours,

Name of Student
(Signature above printed name)

RECOMMENDING APPROVAL:

Advisory/Guidance Committee
(Signature above printed name)

Member

Member

Member

Member

Adviser

APPROVED/DISAPPROVED:

MARK DONDI M. ARBOLEDA
College Secretary

cc: University Registrar's Office

Adviser: _____

LOA Form/mls