



**TARLAC STATE UNIVERSITY
OFFICE OF ADMISSION AND REGISTRATION**

LEAVE OF ABSENCE FORM

NAME: _____

COURSE/MAJOR: _____

STUDENT NUMBER: _____

DATE OF FILING: _____

PERIOD COVERED:

Specify: _____

REASON FOR LEAVE:

SIGNATURE OF THE STUDENT

SIGNATURE OF PARENT / GUARDIAN

Recommending Approval: _____
College Dean

Approved: _____
Vice President for Academic Affairs

Noted: _____
Director, OAR

- NOTED:**
1. LOA must not exceed one academic year.
 2. Student must not be academically delinquent.