

ADAMSON UNIVERSITY
Ermita, Manila

College

LEAVE OF ABSENCE

The Registrar
Adamson University
Manila

Dear Sir/Madam:

I, _____, _____ would like to request
(Name) (Course) (Year level)
for a leave absence effective _____ to _____ due to
(Semester-School Year) (Semester-School Year)
_____.

During my leave I will not enroll in any other school and I will be back to school on _____.
(Semester-School Year)

Hoping for your kind consideration regarding this matter.

Respectfully yours,

(Signature over printed name)

Noted by:

Student No. _____

(Parent/Guardian)
(Signature over printed name)

Approved By:

University Registrar

Recommending approval:

Date

(Chairperson)

(Dean)

Note: The student who have been absent for more than two school years after the implementation of a new curriculum shall be required to follow the new curriculum.