

TARLAC STATE UNIVERSITY ADMISSION AND REGISTRATION OFFICE

## LEAVE OF ABSENCE FORM

NAME:					
COURSE/MAJOR: STUDENT NUMBER: DATE OF FILING:					
			PERIOD CO	VERED:	
			Spec	ify:	
REASON FO	DR LEAVE:				
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_					
		SIGNATURE OF THE STUDENT			
	SI	GNATURE OF PARENT / GUARDIAN			
Recomme	nding Approval:				
		College Dean			
	Approved:	Vice President for Academic Affairs			
		Vice President for Academic Affairs			
	Noted:	Director, Admission and Registration Office			
		Director, Admission and Registration Office			
NOTED:		t exceed one academic year.			
	2. Student must	not be academically delinquent.			

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