



**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**

**NOTE:** LOA must not exceed one academic year.