**MABALACAT CITY COLLEGE**

**Rizal St., Mabalacat City, Pampanga**

**OFFICE OF THE COLLEGE REGISTRAR**

**APPLICATION FOR LEAVE OF ABSENCE**

**\_\_\_\_\_\_ Semester, School Year 20\_\_\_ - 20 \_\_\_**

Student Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) Family Name First Name Middle Name

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House No. Street/Barangay City/Town

Institute of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of Leave \_\_\_\_\_\_ Sem. S.Y. \_\_\_\_\_\_\_\_

Reason/s for Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Expected Date of Re-enrollment \_\_\_\_\_\_\_\_\_\_\_ Semester, School Year 20 \_\_\_\_ - 20 \_\_\_\_

**UNDERTAKING**

I hereby agree and undertake:

1. To abide by the conditions set in my application for leave of absence.
2. To return at the end of my leave as indicated on this form.
3. To abide by all MCC policies, rules and regulations.

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Signature Date

CLEARANCE/APPROVAL

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College Library Collection Office

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College Dean Registrar