



# MABALACAT CITY COLLEGE

## OFFICE OF THE COLLEGE REGISTRAR

### APPLICATION FOR LEAVE OF ABSENCE FORM

① STUDENT NAME		② ACADEMIC INFORMATION							
First Name:		Student ID Number:							
Middle Name:		Year Level/Course:							
Last Name:		Institute:							
Ext. Name:									
③ CONTACT INFORMATION		④ Required attachments to this application:							
Address:		<input type="checkbox"/> Duly accomplished clearance (previous semester) <input type="checkbox"/> Dropping Form							
Mobile No.:									
Email:									
⑤ PLEASE COMPLETE THE FOLLOWING QUESTIONS:									
A. Is this a new application for leave?		<input type="checkbox"/> If NO, please go to <b>B</b> <input type="checkbox"/> If YES, please go to <b>C</b>							
B. Please indicate the period of existing leave.		<table border="1"> <tr> <td>(MM-DD-YYYY)</td> <td>TO</td> <td>(MM-DD-YYYY)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		(MM-DD-YYYY)	TO	(MM-DD-YYYY)			
(MM-DD-YYYY)	TO	(MM-DD-YYYY)							
C. New/Extended Leave of Absence requested from		_____ Semester/Summer, Academic Year <b>20</b> ____ - <b>20</b> ____							
D. I intended to recommence studies in		_____ Semester/Summer, Academic Year <b>20</b> ____ - <b>20</b> ____							
E. Reason for request (please check ONE)		<input type="checkbox"/> Family Commitments <input type="checkbox"/> Work Commitments <input type="checkbox"/> Financial <input type="checkbox"/> Personal <input type="checkbox"/> Serious Illness <input type="checkbox"/> Bereavement <input type="checkbox"/> Overseas Study <input type="checkbox"/> Parental Leave <input type="checkbox"/> Travel <input type="checkbox"/> Others, please provide a brief explanation _____ _____ _____							
F. Did you avail of any of the MCC Special Programs?		<input type="checkbox"/> UNA <input type="checkbox"/> I-Peace <input type="checkbox"/> MCC Pro Plus <input type="checkbox"/> REAP <input type="checkbox"/> Honors <input type="checkbox"/> Not Applicable (N/A)							
<p>I have read and understand the Leave of Absence guidelines in the reverse of this application form. I understand that I will be withdrawn from all units in the study period while taking this leave of absence, and withdrawn from all units in the subsequent study period. I understand the consequences of the above request and accept responsibility to re-enroll by the stipulated re-enrollment deadline. I hereby agree and undertake to abide by the conditions set in my application for leave of absence.</p>									
_____ Name and signature of Student		_____ Parent's/Guardian's Name & signature							
_____ Date		_____ Date							
⑥ ACTION TAKEN									
<i>This is to certify that the student has undergone academic counseling.</i>  _____ Guidance Counselor  _____ Date	<b>Recommending Approval:</b>  _____ FoSH/Institute Dean  _____ Date	<b>Approved:</b>  _____ VP for Academic Affairs  _____ Date	<b>Noted:</b>  _____ College Registrar  _____ Date						

**IMPORTANT:** Accomplish this form in triplicate (1 copy for the Registrar, 1 copy for the institute, and 1 copy for the student's file).