**REQUEST FOR LEAVE OF ABSENCE**

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

Date

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

Dean, Graduate School

VSU, Visca, Baybay City, Leyte

Dear Dr. Tulin:

I wish to request for leave of absence from VSU Graduate School from \_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ because of the following reasons:

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

Very truly yours,

Student Name & Signature

Noted:

\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_

*Chairman, Graduate Advisory Committee*

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

Approved:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Dean, Graduate School*

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

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

**Distribution of copies:** Graduate Student, Registrar, Major Department, Graduate School