**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