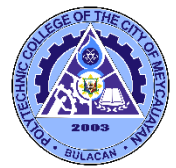


**POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAYAN***Pag-asa Street, Malhacan, City of Meycauayan, Bulacan**Tel. No.: (044) 320-5653 / [pccm@meycauayan.gov.ph](mailto:pccm@meycauayan.gov.ph) / <https://pccm.edu.ph>***PCCM ANNEX CAMPUS***Sitio Cabatuhan, Camalig, City of Meycauayan, Bulacan***OFFICE OF THE REGISTRAR****LEAVE OF ABSENCE (LOA) FORM - REGISTRAR COPY**

Date:	
Name of Student:	
Current Program:	
Term of Effectivity:	_____ Semester, Academic Year _____ - _____
Expected Term of Return: <small>LOA must not exceed one year from the term of effectivity</small>	_____ Semester, Academic Year _____ - _____
Reason For Leave:	

**Noted by:****Approved by:**\_\_\_\_\_  
Guidance Counselor\_\_\_\_\_  
College Dean\_\_\_\_\_  
Program Head\_\_\_\_\_  
College Registrar

.....  
**APPLICATION FORMS WITH ERASURES, ALTERATIONS AND TAMPERING WILL NOT BE ACCEPTED/PROCESSED**  
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Date:	
Name of Student:	
Current Program:	
Term of Effectivity:	_____ Semester, Academic Year _____ - _____
Expected Term of Return: <small>LOA must not exceed one year from the term of effectivity</small>	_____ Semester, Academic Year _____ - _____
Reason For Leave:	

**Noted by:****Approved by:**\_\_\_\_\_  
Guidance Counselor\_\_\_\_\_  
College Dean\_\_\_\_\_  
Program Head\_\_\_\_\_  
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