



DISTANCE, OPEN, AND TRANSNATIONAL UNIVERSITY

APPLICATION FOR STUDY LEAVE OF ABSENCE

Date: _____

THE DEAN
Distance, Open, and Transnational University
Central Luzon State University
Science City of Muñoz

Sir:

I have the honor to apply for an official study leave of absence covering the period from _____ to _____ semester/summer, 20_____ for the following reasons:

Attached herewith are supporting papers to validate/qualify my application for said study leave of absence.

Very truly yours,

(Graduate Student)

Attachment as stated

Indorsement
Advisory Committee, Distance, Open and Transnational University

Date: _____

This application of M_____ for an official study leave of absence from _____ to _____ has been evaluated and found acceptable/unacceptable for the following reasons:

Chairperson

Member

Member

Approved/Disapproved:

DOTUni Dean