



Republic of the Philippines
ASIAN SEMINARY OF CHRISTIAN MINISTRIES
By-Pass Rd., Brgy. San Vicente II, Silang, Cavite 4118
www.ascm.edu.ph

OFFICE OF THE REGISTRAR

APPLICATION FOR LEAVE OF ABSENCE

(Pls type or print in clearly black ink)

STUDENT INFORMATION

Student Name: _____

Student ID Number: _____ (As appears on ID card / enrollment form)

Current Enrollment: _____ (Semester, School Year)

Address: _____

Contact Number: _____

LEAVE INFORMATION

I request a leave of absence from ASCM effective _____

I intend to return on _____ (Last Semester attended)

(Semester, School Year)

My reason for the requested leave of absence is:

Student Signature over Printed Name

Date _____

APPROVAL SIGNATURES

Academic Dean _____

Date _____

Registrar _____

Date _____