



APPROVED ABSENCE FORM

NOTE TO THE STUDENT:

- 1. Fill up all the blank spaces including the number of non-approved absence. Make sure that all the information given in this form are true and accurate. Write the full name and title of the faculty and his/her corresponding department.
2. Be reminded that the Office of the Dean of Student Affairs requires one day processing.
3. Make a digital copy (scanned or photo) of your approved absence form and email it to your teacher/s concerned as soon as it has been approved and released to you by the DSA.
4. Submit to your teachers the hard copy of the form before the date of your approved absence. Late submission of both the digital and hard copy is not permitted.
5. Be responsible for all assignments and the entire content of the course missed.
6. Be courteous enough to inform your teacher of your upcoming absence and the reason even before submitting the approved absence form to him or her.

NOTE TO THE FACULTY:

- 1. Kindly consider the absence(s) of the student concerned as approved absence in your class.
2. Please be reminded not to count a missed examination/quiz/ other requirements against the student and to give a make-up for missed exam/ quizzes/ other requirements to the student.
3. However, please verify if the number of the non-approved absences is accurate. If the number provided by the student is less than what your records shows, please consider this request for approval null and void.
4. The students are asked to email you a digital copy of this approved absence form before the scheduled absence. Do not accept late submission of both the soft and hard copies of the approved absences.

Date: _____

To: _____
(Full Name and Title of the Faculty)

(Department)

From: Dr. Jaymee Abigail K. Pantaleon
Dean of Student Affairs

Re: Approved Absence



DLSU Data Privacy Policy

Peace be with you!

Pursuant to Section 9.8.1 and Section 9.8.3 of the Student Handbook which encourage a balanced education for our students, please consider the absence of _____ from your class _____ on _____ as an approved absence.

He / She will _____

The student concerned certifies that he/she has incurred _____ non-approved absence/s in your class. If this number is less than what your records show, kindly disregard this request.

Your favorable attention is highly appreciated.

Requesting Student:

Recommending Approval:

(for academic related activities)

Signature over printed name – Date

SA Director/Faculty – Date
Signature over printed name

College Associate Dean
Signature over printed name