



INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC. (ICFHI)

Graduate School for Public Health

4th Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: admin@icfhi.com / Website: <https://www.icfhi.com>

Cellphone number: +639059454511 / Landline number: +63284206770

FORM 9.0 LEAVE OF ABSENCE

Name of Student: _____ Year Level: _____

Date of Leave of Absence: From _____ to _____

Reason for Leave of Absence: _____

Supporting document:

_____ Medical form from physician

_____ Official Letter from affiliated office/institution/agency

_____ Others, please specify _____

Submitted by:

PRINTED NAME AND SIGNATURE OF STUDENT

DATE SUBMITTED

TO BE FILLED UP BY THE SCHOOL OFFICIAL

Approved: _____ Disapproved: _____ Pending: _____

Status of student prior to leave of absence: _____

Reason/s for disapproval/pending _____

NOTED BY:

ELSIE LYNN BARONIA-LOCSON, MD, MPH, MSC, FPPS

Executive Director and Dean