

APPLICATION FOR RESUMPTION OF STUDIES FORM

Instructions: 1. To be filled in triplicate by continuing students resuming studies after the following; • Suspension • Semeter off/Academic Year off • Expulsion (After successiful appeal) • Medi 2. Fill in Section A and F of the form. <u>SECTION A</u> (To be filled by the applicant)	ical Leave
Name:Programm	
Period of absence: From:To:To:	
Resumption of Studies: Semester/Session:Academic Year:	
Mode of Study (Please tick appropriately)	kends
Part Time Institutional Base	ed
Student's Signature: Date:	
SECTION B (For official use only) Recommendation by the Dean of Students	
Comments:	
Name:Date & Stamp:Date & Stamp	
SECTION C (For official use only) Recommendation by the relevant chairman of the department	t
Student has met all the stipulated conditions (<i>if any</i>) Yes No	
There is a group in session which the student can join Yes No	
Comments:	
Name:Date & Stamp:	
Note: Students who are supposed to sit for supplementary/Special Examinations should follow the down procedure for Registration/Payment as applicable.	laid
SECTION D (For official use only) Recommendation by the relevant Dean of the School	
Comments:	
Name:Date & Stamp:	
SECTION E (For official use only) Approval by the Registrar (ARE)	
Comments:	
Name:Date & Stamp:	

<u>SECTION F</u> (To be filled by the applicant)

	le units so far co	pmpieted		
s/NO	he units so far co UNIT CODE	UNIT NAME	SEMESTER	ACADEMIC YEAR
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4. 5.				
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Fill in the units so far completed

Cc: Dean of School Student file