

## 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:	
<b>SECTION B</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:	
<b>Note:</b> 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
1.				
2.				
3.				
4.				
4. 5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				

Fill in the units so far completed

Cc: Dean of School Student file