

APPLICATION FOR RESUMPTION OF STUDIES FORM

Instructions: 1. To be filled in triplicate by conti • Suspension • Semeter off/Acade	inuing students resuming studies after pmic Year off • Expulsion (After s	-
2. Fill in Section A and F of the for	rm.	
<u>SECTION A</u> (To be filled by the app		<i>a</i> ************
Name: Nature of leave (Please tick appropr		
Period of absence: From:	То:	
Resumption of Studies: Semes	ter/Session:Academic	Year:
Mode of Study (Please tick appropri	ately) 🛛 🗍 Full Time	Evenings & Weekends
	Part Time	Institutional Based
Student's Signature:		Date:
SECTION B (For official use only)	Recommendation by the Dean of	Students
Comments:		
Name:	Signature <u>:</u>	Date & Stamp:
SECTION C (For official use only)	Recommendation by the relevant	chairman of the department
Student has met all the stipulated co		No
There is a group in session which the		No
Comments:	· · · · · · · · · · · · · · · · · · ·	
Name:		
<i>Note: Students who are supposed to down procedure for Registration/Pa</i>	o sit for supplementary/Special Exam	
SECTION D (For official use only)	Recommendation by the relevant	Dean of the School
Comments:		
Name:		
<u>SECTION E</u> (For official use only)	Approval by the Registrar (ARE)	
Comments:		
Name:	Signature <u>:</u>	Date & Stamp:

ISO 27001:2013 Certified

Knowledge Transforms



ISO 9001:2015 Certified

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

Fill in the units so far completed

s/NO	UNIT CODE	UNIT NAME	SEMESTER	ACADEMIC YEAR
1.				
2. 3.				
4.				
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Cc: Dean of School Student file

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