



SEMESTER REJOINING FORM

Registration Number: _____ Name: _____

Program: _____ Semester and Year withdrawn: _____

Reason for withdrawal: _____

Joining Semester and Year: _____

In case of restoration of active status AED 500 fee paid: Yes / No

Student's Signature & Date

-----Do not write beyond this section-----

(For Office use only)			
Admissions Manager	Finance Officer	Program Manager	Controller Records
Remarks: _____ _____	Remarks: _____ _____	Approved: Yes/No Remarks: _____ _____	Remarks: _____ _____
_____ Signature and Date	_____ Signature and Date	_____ Signature and Date	_____ Signature and Date

Note:

- 5% VAT applicable as per U.A.E Federal Tax Authority regulations

Revised on: September 11, 2018