



**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Program: \_\_\_\_\_ Semester and Year withdrawn: \_\_\_\_\_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	Program Manager	Finance Officer	Controller Records
Remarks: _____ _____	Approved: Yes/No Remarks: _____ _____	Remarks: _____ _____	Remarks: _____ _____
_____ Signature and Date	_____ Signature and Date	_____ Signature and Date	_____ Signature and Date