

NPUST Re-Enrollment Application

Student ID No.		Program	<input type="checkbox"/> Four-year undergraduate <input type="checkbox"/> Master <input type="checkbox"/> Doctor
Name		Department	
Reason	The student has applied for leaving from studies (or retaining student status) since the ___ semester of ___ academic year. It has lasted for <input type="checkbox"/> a semester <input type="checkbox"/> an academic year <input type="checkbox"/> three semesters <input type="checkbox"/> two academic year, and now it is terminated. Re-enrollment is applied for permission.		
Note	1. Date of re-enrollment of the 1 st semester: prior to August 1 st Date of re-enrollment of the 2 nd semester: prior to February 2 nd . 2. Please attach a copy of certificate of leave from studies or student status retaining certificate.		
Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Telephone			
Signature of Verifying Personnel		Signature of Registrar (Signature of Director of Continuing Education Division)	
Signature of the Dean of Academic Affairs		President	Approval of Authorized Representative
Applicant's Signature		Date	_____ (y) _____ (m) _____ (d)

✘ Your personal data is protected under Personal Information Protection Act. The information and document you provided is officially used only at the university.