



REQUEST FOR REACTIVATION

Document No.: FM-RO-23-01

Effective Date: Sept. 10, 2015

Attach Latest Photo
2" x 2"

BILLING NO. _____
Amount: _____

_____ **TERM/AY** _____

NAME : _____
Last First Middle

STUDENT NO.: _____ PROGRAM/YEAR: _____

NATIONALITY: _____

Last Term/AY Attended: _____ No. of Term/s Absent: _____

* This form shall be filled out by the students who did not enroll for at least two (2) terms and who desire to come back to school. It is **not for** those who have secured their transfer credentials or who have been dismissed from the Institute for academic and other reasons.

CLEARANCES:

OFFICE OF THE STUDENT AFFAIRS	TREASURY DEPARTMENT
Prefect of Discipline	

Signature/Date

REMARKS:

For International Students	For GS Students	APPROVED BY/Date:
IS Section Chief	GS Section Chief	Registrar

	STATUS REVIEW/ REACTIVATION DECISION	Document No.: FM-RO-23(a)-01
		Effective Date: Sept. 10, 2015

	STATUS REVIEW/ REACTIVATION DECISION	Document No.: FM-RO-23(b)-01
		Effective Date: Sept. 10, 2015

VALID ONLY FOR _____ TERM/AY _____

NAME : _____
Last First Middle

PROGRAM : _____ STUDENT NO. : _____

APPROVED DISAPPROVED

REGISTRAR

VALID ONLY FOR _____ TERM/AY _____

NAME : _____
Last First Middle

PROGRAM : _____ STUDENT NO. : _____

APPROVED DISAPPROVED

REGISTRAR