



# REQUEST FOR REACTIVATION

Document No.: FM-RO-23-00

Effective Date: June 2, 2014

**BILLING NO.** \_\_\_\_\_  
Amount: \_\_\_\_\_

Attach Latest Photo  
2" x 2"

\_\_\_\_\_ **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  Prefect of Discipline	TREASURY DEPARTMENT

\_\_\_\_\_  
Signature/Date

### REMARKS:

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

	<b>STATUS REVIEW/ REACTIVATION DECISION</b>	Document No.: FM-RO-23-00
		Effective Date: June 2, 2014

	<b>STATUS REVIEW/ REACTIVATION DECISION</b>	Document No.: FM-RO-23-00
		Effective Date: June 2, 2014

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**