



# REQUEST FOR REACTIVATION

Document No.: FM-RO-23-02

Effective Date: July 28, 2017

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

Attach Latest Photo  
2" x 2"

\_\_\_\_\_ **QUARTER, AY** \_\_\_\_\_

NAME : \_\_\_\_\_  
Last First Middle

STUDENT NO.: \_\_\_\_\_ PROGRAM/YEAR: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

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 University for academic and other reasons.

### CLEARANCES:

OFFICE OF THE PREFECT OF DISCIPLINE	TREASURY DEPARTMENT

\_\_\_\_\_ Student's Signature/Date

### REMARKS:

<i>for Foreign Student</i>	<i>for GS Student</i>	APPROVED BY/Date:	Encoded by/Date:
FS Section Chief	GS Section Chief	University Registrar	R.O. Personnel

	<b>STATUS REVIEW/ REACTIVATION DECISION</b>	Document No.: FM-RO-23a-02
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VALID ONLY FOR \_\_\_\_\_ **QUARTER, AY** \_\_\_\_\_

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Last First Middle

PROGRAM : \_\_\_\_\_ STUDENT NO. : \_\_\_\_\_

PROGRAM : \_\_\_\_\_ STUDENT NO. : \_\_\_\_\_

APPROVED  DISAPPROVED

APPROVED  DISAPPROVED

UNIVERSITY REGISTRAR

UNIVERSITY REGISTRAR