



**READMISSION FORM A**  
**(For Students in Licensure Exam Programs with**  
**34 Units or Less Remaining to Graduate)**  
\_\_\_\_\_ **QUARTER, AY** \_\_\_\_\_

Document No. : FM-RO-14-02

Effective Date: December 1, 2017

**Billing No.** \_\_\_\_\_

**Amount :** \_\_\_\_\_

**SURNAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_

**PROGRAM** \_\_\_\_\_ **STUDENT NUMBER** \_\_\_\_\_ **NATIONALITY** \_\_\_\_\_

This has reference to my request for re-admission to the BS \_\_\_\_\_ program for which I have only \_\_\_\_\_ units remaining to graduate.

I understand that Mapúa's rules on readmission and selective retention disallow my readmission owing to my poor academic performance. However, I am submitting this request to appeal and request for a reconsideration. I understand that my request may or may not be approved, and that the approval is solely discretionary on the part of the school.

I am aware that, in the event that my request is approved, my readmission is subject to the following conditions:

1. That I must take at least 10 units for this term;
2. That I **MUST PASS ALL** my enrolled courses;
3. That I must not get any incomplete grades;
4. That I must not withdraw any enrolled course for the term.

Should I fail to comply with any of the conditions stated above or in the event that this request is denied, I acknowledge that I am not entitled to submit another appeal, and that my only remaining options would be to voluntarily transfer to a non-board program in Mapúa or get my transfer credentials from Mapúa.

Student's Signature : \_\_\_\_\_

Contact Number : \_\_\_\_\_

NOTED BY :

**ARIZIEL RUTH D. MARQUEZ**

University Registrar

Date : \_\_\_\_\_