

	<b>READMISSION FORM B</b> <b>(For Students Who Exceeded the</b> <b>Maximum Residency Requirements)</b> <b>_____ QUARTER, AY _____</b>	Document No. : FM-RO-15-03
		Effective Date: December 1, 2017

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

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

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

PROGRAM \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

NATIONALTY \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

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

I understand that Mapua's rules on Maximum Residency Requirements disallow my readmission into the program unless I change to a more current curriculum. However, I am submitting this request to appeal and request for a reconsideration to use my old curriculum. 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 condition/s stated below.

Should I fail to comply with the condition/s stated below 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 change curriculum or get my transfer credentials from Mapua.

STUDENT'S SIGNATURE \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

**APPROVALS, RECOMMENDATIONS, CONDITIONS and ADDITIONAL REQUIREMENTS:**

**(To be accomplished by the Dean or Program Chair)**

- Please indicate the period within which to finish the program.

NOTED BY :

**ARIZIEL RUTH D. MARQUEZ**  
University Registrar

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