



READMISSION FORM C
(For International Students with 60 Units
or Less Remaining to Graduate)
_____ QUARTER, AY _____

Document No. : FM-RO-16-02

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 Mapua'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 condition that I will finish the program on or before _____ .

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 get my transfer credentials from Mapúa and go back to my country.

Student's Signature : _____

Contact Number : _____

NOTED BY :

ARIZIEL RUTH D. MARQUEZ
University Registrar

Date : _____