



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
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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

	STATUS REVIEW/ REACTIVATION DECISION	Document No.: FM-RO-23a-02
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VALID ONLY FOR _____ **QUARTER, AY** _____

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Last First Middle

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PROGRAM : _____ STUDENT NO. : _____

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APPROVED DISAPPROVED

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UNIVERSITY REGISTRAR

UNIVERSITY REGISTRAR