



SEMESTER REJOIN FORM

Name: _____

Registration No. _____ Department: _____ Program: _____

CGPA: _____ Total Credit Hours Completed Successfully: _____

E-mail: _____ Contact No.: _____

Semester Leave taken: Fall / Spring / Summer

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Date: _____ Signature: _____

For Office Use

Office of Registrar:

Allowed Not allowed

Name / Designation: _____ Signature: _____ Date: _____

Acknowledgement Receipt

Semester Rejoin Form

Student Name: _____ Registration No. _____

Semester: Fall / Spring / Summer

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Recipient Name / Designation: _____ Recipient Signature: _____