

III. Decision of Program Department

The application is ☐ approved ☐ not approved

Effective Term : _____ Term, 20____ - 20____

Year of Study upon Re-enrollment: ☐

_____ Signature of PG Coordinator / Program Director	_____ Name	_____ Date
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IV. Academic Registry Use Only

Study to be Resumed in : _____

Result Received On	Student Notified		Computer Record Updated	
	by	on	by	on
Remarks :				