

GRADUATE SCHOOLApplication for Resumption of Studies after Suspension

Name:	Student No.: De	epartment:	Programme:	
Period of Suspension: From:		To: _	To:	
Resumption	n of Studies:			
Student's signature:			Date:	
	nce your application is approved and the t you for your use.	uition fee has been paid	, a new student ID card will be is	ssued
Recommendat	tion from Faculty/School			
() Approved	1 for Resumption of Studies beginning _			
() Not Approved		D/M/YR		
Comments, if an	ny:			
Principal Superv	visor:	Signature:	Date:	
Department Head:		Signature:	Date:	
Chairperson of Faculty/School Committee:		Signature:	Date:	
Faculty/School Dean:		Signature:	Date:	
Approval fron	m the Graduate School			
() Approved	1			
() Not Appro	coved			
Comments, if an	ny:			
Signature:	Graduate School	Date:		
For Office Use Actions and Da	*			
	ata Entry: aculty/School/Department/Supervisor			
Inform Li	• •			
	tudent Record			
	dent ID Card to Student (Original Expiry)	Date: Ne	ew Exniry Date:	
	ourse Enrolment Record		, DAPILY Dutc,	
Tuition Fe		Staf	f-in-charge	

Personal Information Collection Statement

Persons who supply personal data in their applications to the Graduate School for various purposes are requested to note the following:

- 1. Personal data provided in the applications are to facilitate the process of their applications and will not be used for other purposes.
- 2. Personal data provided will only be used by University staff.
- 3. After the applications have been processed, relevant data will be transferred to the student record system of the University.