

RE-ADMISSION FORM

SECTION 1: To be filled by student

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|---|-------------------------|----------------|--|
| Name of student: | | Father name: | |
| Student ID: | Programme / discipline: | Semester: | |
| Struck-off letter / notification reference and date: | Struck-off period: | Struck-off by: | |
| I confirm that: i) the aforesaid information is correct: | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ii) my parents have met the academic/disciplinary committee: | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| iii) I have filled and signed subscribed affidavit: | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Therefore, my name be inserted in the Institute roll, please. | | | |
| Signature: | | Date: | |

SECTION 2: For official use only

2) i) I have reviewed the above information and found it correct/Incorrect;
ii) Request for re-admission is covered under Midwest policies;
iii) All the formalities and requirements have been completed

| | | | |
|---|------|-----------|------|
| Chairperson Academic / disciplinary committee | Name | Signature | Date |
|---|------|-----------|------|

3) Re-admission fee submitted. YES NO

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|----------------------------|-----------|------|
| Finance Officer/Manager | Signature | Date |
|----------------------------|-----------|------|

4) Request for re-admission approved not approved

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|-----------------|-----------|------|
| Director Campus | Signature | Date |
|-----------------|-----------|------|

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|---------------------------|---|------|-----------------------|
| Copy of the FORM sent to: | | | |
| i) | Admin Officer | iv) | Programme Coordinator |
| ii) | Coordinator Examination | v) | Finance Office |
| iii) | Chairperson Academic/Disciplinary Committee | vi) | Student file |
| Admin Officer | Signature | Date | |

