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| **For the Receiver** |
| Request No. .......... Date Received ............ |
| Time Received ......... Receiver .................... |

Student Status Reinstation Form

**Subject Request to Reinstate Student Status**

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| --- | --- |
| **Student ID No.** |  |
| **Phone No.** | 0 |

**To** Assistant Dean for Academic Affairs and Learning

**Name (Mr./Miss/Mrs.)**……………………..………………....…….…………......….....………………………………...................................................

**Faculty**…………….....………..............................................…………… **Department/Field of Study**..................................................................

**Student Level** 🞏 Undergraduate🞏 Graduate 🞏 Diploma **Student Type** 🞏Regular 🞏 Special/Irregular

My student status was lost due to

 🞏 Approval by the head of the academic department to withdraw no more than 60 days prior

 🞏 Failure to register in the first semester when student status was being granted

 🞏 Failure to pay the fees to preserve/renew the student status after the end of the first semester

I wish to reinstate student status because (specify the reason below)

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 For your consideration,

 Signature ................................................. Petitioner

 Date (DD/MM/YYYY) ........../ ................/...............

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| **Opinion/Approval Process** |
| **1. Student Advisor’s Opinion** | **2. Department Chair’s Opinion** |
| ......................................................................................................................................................................................................... Signature .................. Student Advisor; Date ....../......./....... | ................................................................................................................................................................................................................ Signature .................. Department Chair; Date ....../......./....... |
| **3. Head of the Academic Department’ Opinion** | **4. Student Registration and Educational Service’s Opinion** |
| .........................................................................................................................................................................................................Signature ........................ Dean/Director; Date ....../......./....... | ................................................................................................................................................................................................................ Signature .................................... Registrar; Date ....../......./....... |
| **5. Vice-President for Academic Affairs and Learning’s** | **6. Finance and Property Department** |
| Considered and 🞏 Approved🞏 Rejected; Reason ............................Signature......................... Vice President; Date ....../......./....... | Fees paid for .....................THBReceipt Book No. ..................... No. ........................ Signature.............Department Personnel; Date ....../......./....... |
| **7. Student Registration and Educational Service** |
| **Student Status Reinstated**Signature .................................... ; Date ....../......./....... |