



Universiti Tunku Abdul Rahman
Department of Admissions and Credit Evaluation
 PO Box 11384, 50744 Kuala Lumpur

APPLICATION FOR REINSTATEMENT OF STUDY

Name: _____ Registration No.: _____

Course of Study: _____ Level of Study: _____

Month and Year of Admission: _____ NRIC No.: _____

Trimester and Year of Study When You Left the University: _____

Address: _____

Tel. No: _____ (H) / _____ (H/P)

I would like to be reinstated and understand that reinstatement fee of RM100.00 will be charged, if my application is approved, as a student as follows:

Trimester and Year of Study: _____ Academic Session: _____

My reasons for reinstatement:

I attached herewith relevant document (eg, medical report) to support my application.

Signature: _____ Date: _____

For Office Use Only

A. Faculty General Office

Date Received: _____ In Order: _____

Signature: _____

B. Approved / Not Approved by Dean of Faculty

Comments: _____

Signature: _____ Date: _____

C. Department of Admissions and Credit Evaluation

Action Taken By: _____ Date: _____

Signature: _____