

REQUEST FOR RESUMPTION (Readmission) OF STUDIES

A. STUDENT GENERAL INFORMATION

a. First Name _____ b. Surname _____

b. Student NIM/ID _____ / _____

c. Faculty _____ ; Department _____

Study Program _____

Year of enrollment : _____ Term/Year of Freezing studies : _____

d. Student Contact

Address _____

Mail : _____

Phone : _____

B. STUDENT REQUEST

To Dean of _____ Faculty

By this letter I kindly ask you to resume my studies at CIT with specifications as below :
Academic Year : _____

Fall Term/Spring Term _____

Student's Name Surname Signature

Received Secretary of Faculty
Name Surname Signature

Received by Registrar
Name Surname Signature

Date ____/____/____