



Application for Reinstatement of Student Status

This form must be accomplished in five (5) copies. Please type or print all information required. Application form with incomplete information shall not be admitted for further processing.

Name of Student: _____
Last Name First Name Middle Name

Student Number: _____ Course/Year Level: _____

Contact Number: _____

Period last attended at FAITH: School Year _____
Semester _____

Term of return applied for: School Year _____
Semester _____

I certify that during my absence, I have not enrolled in another school and should I have enrolled, FAITH reserves the right not to credit any units earned in the said school.

(Student's Signature over Printed Name)

(Parent/Guardian's Signature over Printed Name)

Date: _____

Date: _____

Cleared and Approved

Office of Student Life and Services

Office of Scholarship and Financial Assistance

College Dean

Scholarship/Discount:	
<input type="checkbox"/>	Retained
<input type="checkbox"/>	Downgrade to _____
<input type="checkbox"/>	Forfeited

Reinstatement of Student Status approved by:

Registrar

Date: _____