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RETURNEE APPLICATION FORM

Level: Graduate Undergraduate

Student ID: _____

PERS ONAL INFORMATION

Full Name:

First Name

Middle Name

Family Name

Mobile No.:

LAU Email:

Last Semester Enrolled:

Campus Attended:

Degree:

Major:

Emphasis:

Campus you plan to join:

Semester/Year:

Expected Graduation Term:

Expected Graduation Campus:

*** Undergraduate conditions:**

Students who fail to register for at least one regular semester (fall or spring) are required to reactivate their files at the registrar's office before the registration period.

If you do not register for four consecutive semesters, you will have to re-enroll, according to the existing curriculum, upon your return.

Please note that rules and regulations will be applied if you have been away for at least four consecutive semesters.

***Graduate conditions:**

Students must complete the requirements for a master's degree, including the accepted transferred credits, within six years.

Students who exceed this time limit must have their program revalidated, for one time only. Revalidating the program implies either taking additional courses, or revalidating outdated courses.

Briefly, explain your reasons for leaving the university, and what have you been doing since then.

* If you have taken courses at another university, official transcript must be provided to the Registrar's Office along with course descriptions.

Student's Signature: _____

Date: _____

Day

Month

Year

TO BE FILLED BY THE REGISTRAR 'S OFFICE

Catalogue Term: _____