

## **AFRICA INTERNATIONAL UNIVERISTY (AIU)**

## **RESUMPTION OF STUDIES FORM**

This form should ONLY BE COMPLETED if the student has been away for a minimum of 2 Academic years (an equivalent of 4 semesters) and submitted to the office of the Registrar (Academic Affairs). If you've been away for more than 2 years, then you are required to follow the Admission process for a re-admission.

| Student Registration Number:   |                               |                      |
|--|-------------------------------|----------------------|
| Student Name:  |                               |                      |
| Last   | First                         | Middle               |
| Resumption of Studies Information  |                               |                      |
| Programme from which you withdrew/susp   | pended studies/were withdraw  | /n:                  |
| Date of withdrawal/Suspension:   | Last Date Class att           | endance:             |
| I wish to seek re-admission to the progr<br>(Please specify academic session – year and Se                         |                               |                      |
| Reason for Withdrawal/Suspension:  |                               |                      |
| from my studies on health grounds. My should not prevent me continuing with effect". You may continue on a separat | my studies. I enclose a lette |                      |
| Telephone:   | _Email Address:               |                      |
| Campus:  |                               |                      |
| Mode of Study: School Based  | Distance Learning             |                      |
| Evening  | Regular                       |                      |
| Student Signature:   | Date                          |                      |
| For Official Use only:   |                               |                      |
| Academic Advisor's Signature:  | Date:                         |                      |
| Head of Department's Signature:  | Date:                         |                      |
| Finance Office approval: Officer:  | Date:                         |                      |
| Student's records updated (Officer's Signa   | ture):                        |                      |
| Copy: 1) Dean of students 2) HOD   | 3) Finance Office 4           | ) Registrar's Office |

NB: This form should be submitted together with supporting document(s) e.g. medical report, payment from finance if it was because of non-payment.