AFRICA INTERNATIONAL UNIVERSITY (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Programme from which you withdrew/suspended studies/were withdrawn:_____________________

__________________________________________________________________________________

Date of withdrawal/Suspension: ________________    Last Date Class attendance: ________________

I wish to seek re-admission to the programme above
(Please specify academic session – year and Semester (of re-entry))

________________________________________

Reason for Withdrawal/Suspension: _____________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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 Signature): ________________________________

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.