

REINSTATEMENT FORM

Students with good Academic Standing who completely withdrawn (or no show) from the University and who seek to return shall be granted "reinstatement" from his/her college provided that the period between the end of the semester of withdrawal and the beginning of the semester for which reinstatement is sought is not more than a period of two regular semesters.

Students who left PMU with poor academic standing and have been out of the University for no more than two regular semesters should outline along with this form activities since leaving PMU that contribute to the student's academic development. Courses taken at another institution during the interim period are not transferable. Dismissed students may also be considered for reinstatement. Students who have been out of the University for more than two semesters must submit a new application for admission to the Office of Admission.

Student Name		Academic Year	
Student ID		Semester	
Major		College	
Class		Personal Mobile No.	
Cummulative GPA		Last Semester Enrolled	
Current Student Status			
Requested reinstatement semester			
Reason for Withdraw or No Show:			
Student's Signature:			Date:

Note: Attached Transcript

STEP	Concerned Department	Comments:	Authorized Name / Signature	
<u>1</u>	Counselor follow-up & recommendation	Comments:	Counselor Name	
			Signature	
			Date	
<u>2</u>	Academic Advisor (attached Registration Worksheet)	Comments:	Advisers Name	
			Signature	
			Date	
<u>3</u>	College Dean / Department Chair	Comments:	College Dean/Dep't Chair Recommendation	
			<input type="checkbox"/> RE-INSTATEMENT APPROVED	
			<input type="checkbox"/> REJECTED	
			College Dean/Chair Name	
			Signature	
<u>4</u>	Financial Aid Officer's Signature(if needed)	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Not Applicable	Authorized Name	
			Signature	
			Date	
<u>5</u>	Accounting Department Stamp & Signature	<input type="checkbox"/> Cleared Stamp: <input type="checkbox"/> Not Cleared	Authorized Name	
			Signature	
			Date	
<u>6</u>	Original High School Certificate Available in Student Record	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>if NO, put Registration Student HOLD</i>	Authorized Name	
			Signature	
			Date	
Dean/Director of Enrollment and Registration Name & Signature				Date :

Note:

- Please return the Form to the Registrar's Office & sign the log with the Registration staff.

Processed by (registration officer):	Date:
Reviewed by:	Date:
Effective Term:	