

REACTIVATION FORM

First name:	Middle name:	Last name:
ID number:	E-mail:	Mobile:
Faculty:	Program:	
First term enrolled:	☐ Fall ☐ Spring	Academic year: /
Last term enrolled:	☐ Fall ☐ Spring ☐ Summer	Academic year: /
Term for re-enrollment:	☐ Fall ☐ Spring	Academic year: /
Signature of Student:		Date: ____/____/____

Faculty Decision	☐ Approved	☐ Declined
Comments: 		
Name:	Signature:	Date: ____/____/____

Office of the Registrar – General Secretariat

Received by:

Date : ____/____/____

Mrs Yvonne HADDAD
Director – Office of the Registrar

Signature : -----

Fr. Jean AL ALAM
Secretary General

Signature : -----



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