

REACTIVATION FORM

First name:	Middle name:	Last name:
ID number:	E-mail:	Mobile:
Faculty:	Program:	
First term enrolled:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Academic year: /
Last term enrolled:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic year: /
Term for re-enrollment:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	Academic year: /
Signature of Student:		Date: ___/___/_____

Faculty Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Comments: ----- ----- ----- -----		
Name:	Signature:	Date: ___/___/_____

Office of the Registrar – General Secretariat

Received by:

Date : ___/___/_____

Mrs Yvonne HADDAD
Director – Office of the Registrar

Signature : -----

Fr. Ziad MAATOUK
Secretary General

Signature : -----