Registrar Office

REQUEST FOR RESUMPTION (ri Admission) OF STUDIES

A. STUDENT GENERAL INFORMATION
a.First Name _____ **b.Surname**_____
b.Student NIM/ID_____/_____ **c. Faculty**_____ ; **Department**_____ **Study Program**_____ **Year of enrollment :**_____ **Term/Year of Freezing** **studies :**_____
d.Student Contact **Adress**_____ **Mail :** _____ **Phone :**_____

B. STUDENT REQUEST
To Dean of _____**Faculty** **By this letter I kindly ask you to resume my studies at CIT with specifications as below :** **Academic Year :**_____ **Fall Term/Spring Term**_____   *Student's Name Surname Signature* _____   *Recevied Secretary of Faculty*   *Recevied by Registrar* *Name Surname Signature*   *Name Surname Signature*   _____   _____ *Date _____/____/_____*