



# Reinstatement Form



Discontinuance <input type="checkbox"/>		Withdrawal <input type="checkbox"/>	
Student's Name		Student No.	
College		specialization	

Joined university in the (        ) semester

In the academic year of     /     / 14     AH

Reasons for (discontinuance/withdrawal) from university

.....

.....

.....

Number of passed Credit Hours :                      Number of Taken Credit Hours :

Number of Warnings :                                      GPA :

I, student ....., confirms that the reasons which led to discontinuance of study/ withdrawal from university have finished, and that I did not join another university during that period .

Signature of Student/.....

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The board of the college of ----- in its meeting no ..... date     /     / 14     AH has decided to approve/not approve the reinstatement of the student.

Dean of the College

Stamp of College

Name

Signature