

Universiti Tunku Abdul Rahman			
Form Title: APPLICATION FOR REINSTATEMENT OF STUDY			
Form Number: FM-DACE-022	Rev No.: 3	Effective Date: 13/09/2023	Page No: 1 of 2

I would like to be reinstated and understand that reinstatement fee of RM100.00 will be charged for this application. I append below my particulars for your reference:

Student Name: _____

Student ID No.: _____ Contact No.: _____

Programme of Study: _____

Current Year and Trimester of Study: _____ Intake Joined: _____

Reason(s) for reinstatement:

Attached herewith relevant document (e.g. medical report) to support my application.

Student Signature: _____ Date: _____

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For Office Use

1. Centre / Faculty / Institute

Attendance (e.g. FHMM1014 = 16/30): _____

Week of Study: _____ Student Status: _____

Received by (Name): _____ Signature: _____ Date: _____

2. Approval / Recommended

(a) Dean / Director of Centre / Faculty / Institute

Approved Not Approved Recommended

Comments: _____

Name and Signature: _____ Date: _____

(b) President

Approved Not Approved

Comments: _____

Signature: _____ Date: _____

3. Division of Admissions and Credit Evaluation

Received by	Action Taken by
Signature: _____	Signature: _____
Name: _____	Name: _____
Date: _____	Date: _____