EXCELSIOR COMMUNITY COLLEGE

"Transforming Lives, Nurturing Global Citizens"

RESUMPTION FORM

Student's Name: _____

Date of Birth: _____ (DD/MM/YYYY) Student's ID#: _____

Tel. No.: (W): _____ (H): _____ (C): _____

Email address: _____ Department/School: _____

Programme: ☐ Certificate ☐ Diploma ☐ Ass. Deg. ☐ Bachelor's ☐ Post Grad. Diploma

Year Group: ☐ One ☐ Two ☐ Three ☐ Four

Mode of Study: ☐ Day ☐ Evening ☐ Weekend

Academic Year: _____ Date of Resumption: _____

Student's Signature: _____ Date: _____

Head of School's Signature: _____ Date: _____

FOR OFFICE USE ONLY

_____ _____

Received by (Student Affairs Personnel) Date

Resumption approved ☐ Resumption denied ☐

_____ _____

Approved/Denied by Date

_____ _____

Updated on Aeorion by Date