

**REGISTRATION DEPARTMENT  
FORM FOR REJOINING/CONTINUING BACHELORS**

ID No.:  NAME:

GSM NO.:  YEAR & SEMESTER DROPPED/GRADUATED:

YEAR & SEMESTER REJOINING/CONTINUING

DIPLOMA <input type="checkbox"/>	SPECIALISATION:	
BACHELOR <input type="checkbox"/>		
SPONSORSHIP: DIRECT <input type="checkbox"/>	MOHE <input type="checkbox"/>	MECIT <input type="checkbox"/>
OTHERS: _____		

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Official Use:**

Date Received:	Approved / Not Approved
Name of Staff Received:	Department Head:
Signature	Signature