



HAIGAZIAN UNIVERSITY

REQUEST FOR REACTIVATION OF ENROLLMENT AFTER LEAVE OF ABSENCE

I.D.	
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First Name:	Family Name:
.....
Dates of Attendance at HU:	
From:	To:
Reactivation Requested for:	
Semester:	Year:
Major before Leaving the University:	Major Intended upon Returning:
.....
Reason for Leaving the University:	
.....	
<u>Activities after Leaving the University:</u>	
Were you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please present a statement from your employer certifying your position and kind of work.	
If no, indicate how you spent your time:	
.....	
.....	
<u>Permanent Address:</u>	
Building	Street
P.O. Box	City
Country	E-mail
Tel. (Home):	(Mobile):

FOR OFFICE USE	
Received by	Date
Student's Academic Status:	
Processed by	Date