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**HAIGAZIAN UNIVERSITY**

**REQUEST FOR REACTIVATION OF ENROLLMENT**

**AFTER LEAVE OF ABSENCE**

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| 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:  |
| Activities after Leaving the University: Were you employed? Yes NoIf yes, please present a statement from your employer certifying your position and kind of work.If no, indicate how you spent your time:  |
| Permanent Address:Building P.O. Box Country Tel. (Home):  | StreetCityE-mail(Mobile):  |

|  |  |
| --- | --- |
| **FOR OFFICE USE****Received by** **Student’s Academic Status:** **Processed by**  | **Date****Date** |