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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 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: | |
| Permanent Address:  Building  P.O. Box  Country  Tel. (Home): | Street  City  E-mail  (Mobile): |

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