

	Organization Name: አዲስ አበባ ሳይንስና ቴክኖሎጂ ዩኒቨርሲቲ ADDIS ABABA SCIENCE AND TECHNOLOGY UNIVERSITY	Document No.: VPAA/REG/OF/010
Title: READMISSION REQUEST FORM		Issue No. 1 Page No. Page 1 of 1

ISSUE HISTORY				
Issue No:	Description of Change	Status	Originator	Effective Date
1	Initial release	Draft stage	Task force	March 1, 2022

1. Personal information

 First Name Father's Name Grandfather's Name

Sex: Male ☐ Female ☐ ID. No. _____

Applicants present occupation _____

Employer's name and address _____

Phone No. _____ Office Tel. _____

2. Educational Information

To which semester of the academic year do you want to be re-admitted?

- i. Semester _____ Class year _____
- ii. Program: Regular ☐ Extension ☐
- iii. Degree: BSc/BA ☐ MSc/MA ☐ Ph.D. ☐

College: _____ Department: _____

Date of withdrawal/Dismissal: _____

Reason for withdrawal/Dismissal: _____

- Attach supporting documents and a copy of the filled withdrawal form.
- CGPA at withdrawal/Academic Dismissal semester: _____

Statement by Applicant:

I hereby certify all information given on this form is correct.

Applicant's signature _____ Date: _____

For office use only

Accepted ☐ Rejected ☐

If rejected, Reasons _____

Office Personnel Name: _____ signature _____ Date: _____

APPROVAL:	Name: _____	Signature: _____	Date: _____
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