



Rajiv Gandhi University of Science and Technology

Re-Admission Request Form

Student Personal Details:

First Name		Surname:	
Middle Name		Citizenship:	
Home Address:		Current Residing Address:	
		Tele#:	
Country:		Email:	

Date of Acceptance into RGUST: _____

Program: _____

No. of semesters completed: _____

Last date of attendance (Semester): _____

Expected date of Re-Admission (Semester): _____

Reason for absence: _____

Guidelines: Please note that RGUST's Policy on Re-admission may change without notification. To be reconsidered for re-admission, the student's absence should not have been for a prolonged duration and his / her academic and financial standing with the University should be in "Good Standing". The student file should be completed and updated. All requests received will be reviewed by the Academic Committee and Admissions Committee for approval.

I certify that all the information mentioned above is correct and that I have satisfied all requirements and obligations for the Doctor of Medicine Programme.

Student's Signature (Required): _____

Date (Required): _____

FOR OFFICIAL USE ONLY

I hereby Accept Do Not accept student request for Re-admission into the RGUST Doctor of Medicine program.

Reason:
.....

Signature of Registrar:

Date:

Insert Stamp:

The cost for a Re- Admission is USD 500. Under the recommendation of the Board of Directors, RGUST reserves the right to amend all tuition and fee structures as circumstances and requirements dictate.