



REINSTATEMENT FORM

T&K Bldg. EDSA cor. Congressional Avenue, Quezon City

1100

Telephone (02) 920-8645 / 927-3970-67-79

STUDENT NAME * _____ FACULTY ADVISER * _____
 YEAR AND SECTION * _____ CONTACT NUMBER OF GUARDIAN * _____ DATE OF REINSTATEMENT * _____

Course Code	Instructor Name/Signature	Number of hours absent Total hours	X 100	Reason for accumulating excessive absences	
1					
2					Guardian Signature over Printed Name
3					
4					
5					Date
6					
7					
8					
9					Attachment

NOTE: This Form must be presented to the Instructor with the letter from the Parent/Guardian
 * Required Field
 Recommended by: **Academic Head's Copy**



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 Recommended by: **Student's Copy**