



**UNIVERSITY OF SCIENCE AND TECHNOLOGY
OF SOUTHERN PHILIPPINES**

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RE-ADMISSION FORM

Application Form

_____ Semester/Summer SY _____

Name: _____ Student ID No.: _____ Date: _____

Course & Year: _____ Major: _____ SY Last attended: _____

Reason(s) for discontinuing studies: _____

Student's Signature

Approved: _____
Program Dean/Academic Head/Campus Director
Signature over Printed name

Noted: _____
Assessment

Noted: _____
University Registrar