

# APPLICATION FOR RECOMMENCEMENT OF STUDIES



Please complete all the sections, incomplete application will be returned

## SECTION 1: PERSONAL DETAILS

Name of the Candidate:  MR  MS  MRS \_\_\_\_\_

National ID Number: \_\_\_\_\_ D.O.B:         DD/MM/YYYY

Programme/Level \_\_\_\_\_

Original Commencement Date:       DD/MM/YYYY  
 Recommencement Date:       DD/MM/YYYY

Contact No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you sponsored? Yes  No

If yes, Name of the Sponsor: \_\_\_\_\_

## SECTION 2: YEARS / MODULES COMPLETED *(If all modules of a year have been completed, state "all modules" under the relevant year)*

Year 1:	Year 2:	Year 3:
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION 3: DECLARATION

I hereby submit my request for recommencement of study with MAPS College for \_\_\_\_\_ (programme of study).  
 I understand that (a) this request will be considered solely on the basis of the information above and the documents provided, (b) the result of this request will be subject to the availability of the programme, and that (c) MAPS College has the discretion to enroll me for the next possible intake. I understand that the request is not automatically granted and it is my responsibility to follow up with MAPS College on the status of the request and the lesson schedule for continuation of the course. I hereby acknowledge that my fee amount of MVR 200/- will be transferred for later study with MAPS College and this fee will be forfeited if I failed to recommence my study.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:		
Request Received and Verified By: Signature: _____ Date: _____	Re-registration Fee Received by: Signature: _____ Date: _____	Application Processed by: Signature: _____ Date: _____
Student Notified By: Signature: _____ Date: _____	Remarks of Request (If any):	