



# Application for Recommencement of Studies

003 – MAPS  
Version 2.0 | Nov 2022

## Student Details:

Student Name:			
National ID / Passport Number:		Contact Number:	
Course Name:			

## Recommencement Details:

Are you sponsored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Commencement Date:	DD/MM/YYYY
Deferred Date:	DD/MM/YYYY
Recommencement Date:	DD/MM/YYYY

## Declaration:

I hereby submit my request for recommencement of study with MAPS College.  
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. I hereby acknowledge that a fee amount of MVR 200/- is required as a recommencement fee.

Signature:		Date:	
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## For Office Use Only:

Received By:		Date:	
Remarks:			
Payment Details: (If Applicable)			
Approved By:		Date:	