KATHMANDU UNIVERSITY
SCHOOL OF ARTS

Re-registration Form - 2022

Recent Photo

University Registration No ☐☐☐☐☐☐☐☐☐☐

To
The Dean, SoA,
I would like to kindly request you to accept my application to re-register and complete my degree at Kathmandu University School of Arts

Name of Applicant:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name *First Name* *Middle*

Contact Res.Tel: ☐☐☐☐☐☐☐☐☐☐ Mobile No: ☐☐☐☐☐☐☐☐☐☐

Enrolled Program (Tick): ☐ BFA ☐ BCD ☐ BMS ☐ BECON ☐ BMusic ☐ BSW ☐ BDFin

☐ BMS ☐ BoSS ☐ BDevs ☐ MDevS ☐ MHNRS ☐ PhD ☐ Buddhist Studies

Program / Dept / College: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Enrollment: ☐☐☐☐☐☐☐☐

Academic Record / Course/s to be completed:

_____Year / _____Semester

Number of Courses		
Course Code	**Course Title**	**Cr**

_____Year / _____Semester

Number of Courses		
Course Code	**Course Title**	**Cr**

Reason for incompletion of the degree enrolled:
☐ Exceeded the completion deadline ☐ NQ ☐ Financial ☐ Personal ☐ Other

The information provided hereby is true and I agree to abide by the decision of the concerned School and Department. I hereby confirm that I will be fully committed to my studies and do my best to obtain the best possible result and education in my further studies in the program if permitted for re-registration.

_____
Student's Signature and Date

Recommendation to approve re-registration / Permitted in academic session_____
_____
_____

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Reviewed by:
HoD /Coordinator's Name Signature and Date

Re-registration Permitted: ( ) YES ( ) NO

…… ……

Dean Date