

KATHMANDU UNIVERSITY
SCHOOL OF ARTS

BFA, BCD, BMS, BECON RE-ADMISSION FORM

I would like to request for granting me permission to repeat/rejoin from next academic semester.

1. Name of Applicant / Student:.....
2. Registration number:.....
3. Repetition required Year and Semester:.....
4. Enrolled Program/Specialization:.....
5. Guardian's name and contact number:.....
6. Reason for re-joining or repeating:.....

Declarations of Student

7. Academic Performance Record
 - a. CGPA of completed Semester(s):
 - b. Any remaining courses in previous semester to be cleared:
 - c. Semester GPA Makeup if remaining (i)_____ (ii)_____
8. Remaining dues in fee payment at present: () YES () NO
9. Guardian's commitment for counselling and guidance for academic performance: () YES () NO

Guardian's Signature and Date

10. Recommendation to permit rejoining/repeating from HoD / Coordinator

HoD /Coordinator's Name Signature and Date

11. Student Code of Conduction Violation and Disciplinary Action Record: () YES () NO

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 towards my studies and do my best to obtain best possible result and education in my further studies in the programme, if permitted to rejoin or repeat.

Student's Signature and Date

Decision of the HoD / Coordinator AND Remarks if Any

Re-admission/Repeat Permitted: () YES () NO

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Dean
School of Arts

.....
Date