



**BISHOP STUART  
UNIVERSITY**

*Our God Reigns*

## OFFICE OF THE ACADEMIC REGISTRAR

### APPLICATION FORM FOR RESUMING STUDIES (RESUMPTION)

NAME.....

Program.....

REG NO..... Student No ..... Sex.....

Faculty.....

Year of study.....Program of study .....

Phone contact.....

Email address.....

Year/semester of drop out.....

Reason for dropping out.....

Academic year of resuming studies..... Semester.....

Name of sponsor..... Contact details.....

Email address.....

Signature..... Date.....

#### **For official use only**

Head of department, Signature..... Date.....

Dean faculty, Signature..... Date.....

Verification of payments.....

University Finance officers, Signature and stamp..... date.....

**Approved by:** Academic registrar's office, Signature..... Date.....

**Note:** *Attach copy of dead year letter/suspension letter*

