

c) Relevant Head of Department

Student has completed the Suspension /Deferment /Leave of absence Yes/No

There is a group in session which the student can join Yes/No

The student is supposed to sit for Supplementary/Special Examination Yes/No

Comments _____

Date of Resumption _____ **Year** _____ **Semester** _____

Name _____ **Signature** _____ **Date** _____

Note: Students who are supposed to sit for Supplementary/Special Examination should follow the laid down procedure for Registration/Payment as applicable.

d) Dean of School/Faculty

Request for Resumption Approved/Not Approved

Comments _____

Signature _____ **Date** _____

e) Registrar, Academics

Request for Resumption Approved/Not Approved

Comments _____

Signature _____ **Date** _____

CC: Finance, Library, Dean of School/Faculty, Head of Department, Dean of Students, Admissions Office, Student File