

**HARAMAYA UNIVERSITY
OFFICE OF THE REGISTRAR
RE-ADMISSION REQUEST FORM**

INSTRUCTION

Please read all instructions very carefully before you start filling-out this form

1. All information must be printed in **block letters**.
2. Application form must be accompanied by a receipt of 20.00 Birr (Twenty Birr), none refundable.

PLEASE NOTE

- a) Readmission of dismissed student will not be considered until a full semester has passed
- b) Academically dismissed student can be granted readmission **only once** and this is subject to availability of space.
- c) Student who withdrawal from the university on medical ground must produce a **medical certificate** from a **government hospital** signed by medical doctor.

PERSONAL INFORMATION

Full Name: _____ Sex: _____

Applicant's Residential Address: _____

(Mobile No) Tel: _____

Previous College/Institution: _____

Department: _____ ID Number: _____

Date of Withdrawal: _____ Semester of Withdrawal: _____

Reason for Withdrawal: _____

STATEMENT BY APPLICANT

I hereby certify that all information given in the application form is complete, correct and accurate. I fully realize that the university is entailed to take any action on me including dismissal at any time if the information given in this application is found to be incorrect or charge me fees the university incurred thereof.

Signature: _____

Date: _____