



APPLICATION FOR READMISSION

Document Code	QF-OUR-01	Revision Number	0
Effectivity	April 30, 2018		

Student ID No.: _____ Contact No.: _____ Date Received (*For OUR use*): _____

Name: _____
 Family Name Given Name Middle Name Maiden Name (if applicable)

Degree/ Course: _____ Year Level: _____

Last enrollment at BSU: () First Semester () Second Semester () Midyear S.Y.: _____

Office	Recommended/ Approved (Signature over Printed Name)	Remarks
Office of Student Services		
University Health Services		
Dean/ Director		

Note: To be filled-out by authorized OUR Personnel.

TO ENROLL ON: _____ REMARKS: _____

Evaluated and Recorded: _____
 Registrar Date

OUR Copy (*Note: Must be accomplished before enrollment*)



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Note: The duly approved COLLEGE/ ACADEMIC INSTITUTE COPY shall serve as your Notice of Readmission. Submit this COPY to the registration-in-charge to get pre-registration form.

COLLEGE/ ACADEMIC INSTITUTE Copy (*Note: Must be accomplished before enrollment.*)



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STUDENT Copy

General Instruction when processing your Application for Readmission:

1. Department Chairperson will determine/evaluate if qualified to be READMITTED (if qualified, proceed to the Office of the University Registrar (OUR) to get an APPLICATION FOR READMISSION form).
2. Fill out the APPLICATION FOR READMISSION form properly.
3. Proceed to the following Offices for recommendation:
 - a. Office of the Student Services- for interview
 - b. University Health Services- for Medical Examination (bring X-ray result)
 - c. Dean/Director- for approval
4. Pay processing fee of P100.00.
5. Submit processed form to the OUR together with the Official receipt of payment for the scheduling of date of Pre-registration, evaluation and recording.
6. Claim the Student and College/Academic Institute Copy of the APPROVED APPLICATION FOR READMISSION form on the scheduled date.
7. Submit the College/Academic Institute Copy of the APPROVED APPLICATION FOR READMISSION form on the scheduled date of Pre-Registration.