

**REQUEST FOR READMISSION & EXTENSION OF RESIDENCY
(For Undergraduate Students)**

FS ___/SS ___ AY 20 ___ - ___

COLLEGE OF PHARMACY

Name: _____

Student Number: _____

Degree: _____

Academic Status Record:

Contact No. _____

Semester & Academic Year	Degree Course	Scholastic Standing

Total Units Earned : _____ Residual Units: _____ GWA _____

Subject to be Taken:

First Semester: _____

Second Semester: _____

Summer : _____

Subject/s for Completion/Removal: _____

Appeal Status: ___1st ___2nd ___3rd Appeal: (Final extension of MRR) - to file Honorable Dismissal if unable to finish

Certified by: _____ (Adviser's Name & Signature) Date: _____

Action of College/ Program Admissions Committee:

Members	Approved	Disapproved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

College Secretary _____ Date: _____

Endorsed By:

_____ Date: _____
Dean

_____ Date: _____
University Registrar

Recommending Approval:

_____ Date: _____
Vice Chancellor for Academic Affairs

Approved/Disapproved:

Conforme (student): _____ Date: _____

_____ Date: _____
Chancellor