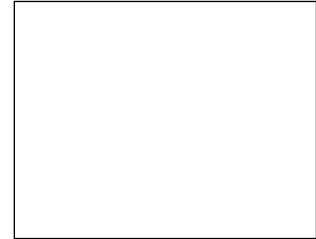


THOMAS ADEWUMI UNIVERSITY, OKO, KWARA STATE
FORM: TAU ACADEMIC OFFICE 002



**THOMAS ADEWUMI
UNIVERSITY,
OKO, KWARA STATE**
Science | Technology | Medicine



REACTIVATION OF STUDIES

NAME OF STUDENT:

DEPARTMENT:

MATRICULATION NUMBER:

LEVEL:

SESSION:.....

SEMESTER:

PHONE NUMBER(S):

E-MAIL ADDRESS(ES):

PERIOD FOR WHICH STUDY WAS SUSPENDED:

REASON(S) FOR SUSPENSION OF STUDY:

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SIGNATURE: DATE:

RECOMMENDATION BY THE FACULTY BOARD:

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RECOMMENDATION BY SENATE:

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