



# UNIVERSITY of the ASSUMPTION

## PROCESSING FORM FOR RETURNING GRADUATE STUDENTS

IMPORTANT: Have this form accomplished and submit it to the Dean's Office.

### I. PERSONAL INFORMATION

Name \_\_\_\_\_ Student No. \_\_\_\_\_  
                     *Last*                    *First*                    *Middle Name*                    *Suffix*  
 Gender \_\_\_\_\_ Civil Status: \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 Home Phone Numbers \_\_\_\_\_ Mobile Numbers \_\_\_\_\_ Email \_\_\_\_\_  
 Program (applying for) \_\_\_\_\_ Current Term/AY \_\_\_\_\_ Date \_\_\_\_\_

#### In case of emergency:

Name of Contact Person: \_\_\_\_\_ Relationship to the Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

### II. EDUCATIONAL BACKGROUND

Educational level	School	School Address	Inclusive Years
Elementary	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Post Graduate School	_____	_____	_____
School last attended	_____	_____	_____
Reason for returning to UA	_____		

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

#### STEP 1: EVALUATION AT THE DEAN'S OFFICE

3.1 Have courses evaluated.

**Recommendation:** Please check (✓)

( ) Approved ( ) Disapproved **Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

#### STEP 2: VALIDATION OF EVALUATION OF COURSES AT THE OFFICE OF THE UNIVERSITY REGISTRAR (OUR)

2.1 Have courses re-evaluated .

2.2 Have the Student Number re-activated.

**Remarks**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

**NEXT:** Proceed to the Dean's Office for Advisement and Enlistment in Courses.