



**ADVENTIST UNIVERSITY OF CENTRAL AFRICA
P. O. BOX 2461, KIGALI, RWANDA**

REINTEGRATION FORM

(To be filled in Triplicate: For the Department, Registrar and Student)

Student Name: ID No.

Tel. No.(s) Email Address:

Faculty: Department:

Program (Day/Evening):

Date of Suspension: Semester: Academic Year

Reason for Suspension:

.....

Date of Reintegration:

Student's Signature:

Date of Reception: Received by:

Observation:

.....

Head of Department:

Head of Faculty:

Decision:

.....

Signature of Registrar: Date:

Observation:

Note: A student must present a receipt of 2,000Fr before this form is approved and signed.