



UNIVERSITY OF THE PHILIPPINES VISAYAS

**GRADUATE SCHOOL**

General Luna St., Iloilo City 5000 Philippines  
Email Address: [gs-secretary.upvisayas@up.edu.ph](mailto:gs-secretary.upvisayas@up.edu.ph)



**APPLICATION FOR READMISSION FROM AWOL**

\_\_\_\_\_  
Date

**The University Registrar**  
UP Visayas,  
Miagao, Iloilo

Dear Sir/Madam:

This is to request that the undersigned be allowed to be re-admitted to the \_\_\_\_\_ degree program effective \_\_\_\_\_ Semester/Trimester, AY \_\_\_\_\_ for the following reason/s: *(You may use a separate sheet)*

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

Thank you.

Very truly yours,

Email Add: \_\_\_\_\_  
Contact No.: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name  
Student Number: \_\_\_\_\_

**Recommendation: Approval / Disapproval**  
Remarks:

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

**Recommendation: Approval / Disapproval**  
Remarks:

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

\_\_\_\_\_  
Graduate Program Coordinator  
Date: \_\_\_\_\_

\_\_\_\_\_  
Graduate School Secretary  
Date: \_\_\_\_\_

**ACTION: APPROVED / DISAPPROVED**

\_\_\_\_\_  
UNIVERSITY REGISTRAR  
Date: \_\_\_\_\_

**REQUIRED ATTACHMENTS: *(Please check if submitted)***

- ☐ 1. A signed, detailed letter of the student justifying the reason for enrollment.
- ☐ 2. A signed justification and recommendation letter from the Program Adviser, with both the adviser and the student indicating their agreement.
- ☐ 3. A timeline (or Gantt Chart) for the thesis or Special Problem, agreed upon and signed by both the Program Adviser and the student to ensure a mutual understanding of the expected progress. *(For thesis/Special Problem tracks only)*
- ☐ 4. A projected study plan that clearly outlines the courses to be taken or residency periods required each term. For students enrolling in residency, please indicate the number of residency terms needed. The projected study plan must be signed by both the Program Adviser and the student.