ARUSHA TECHNICAL COLLEGE

RESUMING OF STUDIES REQUEST FORM

1. Student Particulars
1.1 Name of the Student: ...........................................................................................................
1.2 Admission No: ......................... Programme Registered for: ....................................
1.3 Academic Year Postponed: ......................
1.4 Department: ...................... NTA Level: .............
1.5 Mobile Phone No: .................. E-mail Address: ..............................................................

2. Postponements Particulars
2.1 NTA Level requesting to resume: ........................................ Semester: .................
2.2 Are the reasons which led to postponements of your studies resolved? Explain
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NB: 1. Attach approved and stamped postponement form (ATC/POST/1) or official postponement letter from Registrar’s Office.
2. The form with all attachments can be e-mailed with a subject titled ‘RESUMING STUDIES’ to registrar@atc.ac.tz.
3. Please be advised that the request to resume studies must be done no later than six weeks before the start of new academic year. Requests made after that time may be subject to delays due to processing time, which could cause delays in notification of approval to resume studies.

2.3 Date: ............ Student Signature ............

3. Approval Process (For Official Use Only)
3.1 HOD of Department
The student be accepted/rejected to resume studies in the academic year
........................................Semester .................
If rejected reasons ..........................................................
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NB: attach statement of results prior to postponements of studies.

Signature ............................................... Date & Stamp ..............................................
3.2 **Accounts Office**

The outstanding fees and other College payments for the above students prior to postponement of studies were ............................................................

Signature……………… Date & Stamp…………………………

**NB:** All outstanding fee and any other College payments must be cleared before the request is further considered for processing.

3.3 **Registrar Office**

3.3.1 **Admission Officer**

I accept / reject request to resume his/her studies.

If rejected reasons ...................................................................................

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Signature.................................. Date..........................

3.3.2 **Examination Officer**

I accept / reject request to resume his/her studies.

If rejected reasons ...................................................................................

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Signature.................................. Date..........................

3.3.3 **Registrar**

I accept / reject request to resume his/her studies.

If rejected reasons ...................................................................................

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Signature.................................. Date..........................

3.4 **DR - ARC**

I accept / reject ........................................... request to resume his/her studies.

If rejected reasons ...................................................................................

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Signature.................................. Date: ....................

College Stamp: