



OFFICE OF THE GRADUATE PROGRAM
 College of Social Sciences and Philosophy
 University of the Philippines Diliman

APPEAL FOR READMISSION FROM AWOL

To be filled out by student

Semester/Term: _____ Academic Year: _____
 Name of Student: _____ Student Number: _____
 Degree Program: _____
 Signature: _____ Date of Filing: _____

To be filled out by College SRE

First Enrollment in UP (Specify College, AY, and Semester)	First Enrollment in CSSP (Specify AY and Semester)	First Enrollment	Last Enrollment	Duration of LOA	Duration of AWOL
		in the Current Program (Specify AY and Semester)			

The student is requesting for readmission effective _____.

Documents attached:

- Letter of appeal TCG Timetable Adviser's justification
 Others (Please specify): _____

Signature over Printed Name of College SRE

Date: _____

Step	Recommendation/Action	Remarks
STEP 1: Department/Institute _____ Signature over Printed Name of Program Adviser Date: _____ _____ Signature over Printed Name of Department Chair / Institute Director Date: _____	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	
STEP 2: Office of the Graduate Program _____ Signature over Printed Name of OGP Coordinator Date: _____	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	
STEP 3: Office of the Dean _____ Signature over Printed Name of the Dean Date: _____	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	