



**REINSTATEMENT FORM  
POSTGRADUATE PROGRAMME**

NAME (complete name)			
NIM/Student Number			
Batch/Class		Concentration	
Sex/Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	
e-mail Address			
Home Address			
Office Address			
Phone Number		Mobile Phone	

Last Semester Attended	
Last Academic Year	
Duration of Postponement	

Reinstated for the following:

Semester	
Academic Year	
No. SK of Postponement	

Note : - Please attach copy of Postponement Form and SK  
- Submit this form before 'Pengisian KRS'

Jakarta, \_\_\_\_\_

( \_\_\_\_\_ )  
Student's Signature

----- Office use only -----

Remarks:	Remarks:

Endorsed by:	
_____	
Academic Manager	Date:

Approved by:	
_____	
Programme Director	Date:

- 1. Student
- 2. Accounting
- 3. Academic Affair
- 4. EDP