**Request Form for Resuming Studies**

**Section 1: Applicant Request**

**To be completed by the applicant (Section 1 only).**

**Please fill each of the following fields, otherwise we cannot respond to your request.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | | | | **Student ID:** | | | |  | |
| **Study Program:** |  | | | | | **Cohort:** | | | |  | |
| **Original Suspending Studies Period：** | Date | Month | | Year | | to | Date | | Month | | Year |
|  |  | |  | |  | |  | |  |
| **Requested Resuming Date** | Date | | Month | | Year | **Supporting documents if needed：** | | | |  | |
|  | |  | |  |
| **Signature of Student:** |  | | | | | **Date:** | |  | | | |
| **Signature of Program Counselor:** |  | | | | | **Date:** | |  | | | |

**Please email the completed form to Undergraduate Studies** (us@gtiit.edu.cn)**.**

**Section 2: School Recommendation**

**To be completed by the head of the study program.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Staff Member:** |  | | |
| **Position:** |  | | |
| **Recommendation:** | | | |
|  | | | |
| **Signature:** |  | **Date:** |  |

**Section 3: Dean Authorization**

**To be completed by the Dean.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Section 4: VC Authorization**

**To be completed by the VC.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |