جامعة الأخوين
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AL AKHAWAYN UNIVERSITY

Form code: AA/ADM/103

Office of Admissions & Outreach

RE-APPLICATION FORM

This form must be completed by applicants wishing to reactivate their application for admission and faxed to the Office of Admissions and Outreach before May 31st for Fall and October 31st for Spring semester.

Student Code : _____ **Level :** **Undergraduate** ☐ **Graduate** ☐

Last Name : _____

First Name : _____

Birth Date : __ __ **Month** __ __ **Day** __ __ __ __ **Year**

Which semester did you previously apply for? ☐ **Fall** ☐ **Spring** **Year** _____

Which semester are you applying for? ☐ **Fall** ☐ **Spring**

Program Chosen : _____

Please note that your re-application will be considered if made within two semesters of the first application. Otherwise, you must submit a new application form with all required documents.

NB. *Please submit this re-application form with 351 Dhs (500 Dhs for internationals) non-refundable fee before the stated deadline. The payment must be made through online payment (see method of payment). For further information on the method of payment, please contact the Business office at: 05 35 86 26 95.*

METHODS OF PAYMENT:

1. Online Payment;
2. Bank Deposit;
3. Bank Transfer.

Student Signature: _____ *Date*: _____

THIS FORM MUST BE FAXED TO: 05 35 86 21 77