



HERITAGE CHRISTIAN COLLEGE

OFFERING WORLD CLASS UNIVERSITY EDUCATION

Application for Reinstatement Form

Student ID Number	
Student Name	
Programme	
Email address & Contact	
Academic year /Semester you wish to be reinstated	
Reason(s) for deferment or withdrawal	
I confirm that the information I have provided in this application is complete and true	
Signature:	Date:

Official Use Only; Academic Office.

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Signature:	Date:
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