

APPLICATION FOR REMATRICULATION

Application fee of EC Fifty dollars (\$50.00). We are unable to process this application without the fee.

Check box if your name has changed since last DSC matriculation \Box Last Name First Name Middle Name I.D Number Sex Date of Birth Age Check if citizenship changed since last DSC matriculation Citizenship State date of last attendance at DSC E-mail Address Student Mailing Address Country Mobile Number Home Phone Name and number of person to call in an emergency. (Must be filled in). Name Phone Relationship

EDUCATIONAL OR EMPLOYMENT ACTIVITIES

Please indicate in the space below the reason for leaving the program you were enrolled in.	
Please use this section or a separate sheet of paper to present to the Registrar's Office any additional educational, employment activities or significant accomplishments since your last date of attendance at DSC. You may be required to submit official documentation to support educational/employment activities listed below.	
Signature	Date