جامعة الأخوين
AL AKHAWAYN
UNIVERSITY

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 by Electronic Money Transfer (Mandat Electronique) to "Business Office, Al Akhawayn University Ifrane".*

Student Signature: ____ *Date*: ____________________

THIS FORM MUST BE FAXED TO: 035 86 21 77