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**MAINTENANCE OF MATRICULATION FORM**

**GRADUATE SCHOOL**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Latest Cumulative Index (CI): \_\_\_\_\_ Accumulated No. of Credits: \_\_\_\_\_

This is to request that my matriculation be maintained for the period

from: \_\_\_\_\_ to: \_\_\_\_\_

during which I will not be able to attend college due to extenuating circumstances.

I will register in the semester/session: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Cashier's Clearance: \_\_\_\_\_