



# TOBAGO HOSPITALITY & TOURISM INSTITUTE

## Re-Admission Application Form

Please indicate your re-admission period below:

August – December 20\_\_\_\_

February - June 20\_\_\_\_

### STUDENT INFORMATION (BLOCK LETTERS ONLY)

<i>Surname</i>	<i>First Name</i>	<i>Student ID#</i>
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*Current Mailing Address*

<i>Contact #1</i>	<i>Contact #2</i>	<i>Email Address</i>
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<i>What was your reason for deferring?</i>	<i>Has this situation been resolved?</i>
	<b>YES                  NO</b>

*What financial arrangement do you intend to use? Please check one.*

**GATE**     **Personal**     **Employer Funding**     **Other** (*Please specify*)

### STATEMENT OF UNDERSTANDING

I understand that this application cannot be processed if it has not been completed and that all information is true to the best of my knowledge. Any falsification of information or omission of application data may result in the denial of re-admission or dismissal. I agree to abide by all the policies and procedures of the Institute as laid out in the THTI Student Handbook as explained to me.

<i>Signature</i>	<i>Date</i>
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### FOR OFFICIAL USE ONLY

<i>Programme Name</i>	<i>Semester's Start Date</i>
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<i>Governing Handbook</i>	<i>Academic Status</i>
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*Financial Information*

**GATE**     **Personal**     **Employer Funding**

<i>Registrar's Signature</i>	<i>Date</i>
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