



Registrar's Office  
Triq Dom Minotff, Bormla, BML 1013, Malta  
+356 2169 6970, [registrar@aum.edu.mt](mailto:registrar@aum.edu.mt)

## RE-ENROLLMENT FORM

To be completed by a formally admitted student who has not been enrolled for two or more consecutive semesters, excluding summer terms, at AUM.

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

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

Re - Enrollment Term: \_\_\_\_\_ Program of Study: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Current Local Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code/Country: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Processed by Registrar's Office:

Date: \_\_\_\_\_ RO Staff Name: \_\_\_\_\_