

GLOBAL MARITIME ACADEMY, NIGERIA
RESUMPTION FORM FOR 2023/2024 ACADEMIC SESSION

Please complete the following details accurately:

1. Personal Information:

Full Name: _____

Matriculation No. _____

Student ID Number: _____

Date of Birth: _____

Gender: _____

Nationality: _____

Contact Number: _____

Email Address: _____

Name of Legal Practitioner that signed the undertaken: _____

2. Academic Details:

Department: _____

Program of Study: _____

Current Academic Level: _____

Academic Advisor's Name (if applicable): _____

Expected Graduation Date: _____

3. Residential Address:

Current Address: _____

City: _____

State/Province: _____

Country: _____

4. Emergency Contact:

Name: _____

Relationship to Student: _____

Contact Number: _____

Email Address: _____

5. Student Declaration:

I acknowledge that I am resuming classes voluntarily and agree to adhere to all rules and regulations set forth by Global Maritime Academy. I understand that any further disruption or misconduct may result in disciplinary action.

6. Declaration and Signature:

Student's Signature: _____

Date: _____

Note: By signing this form, you agree to comply with the guidelines and policies set by Global Maritime Academy. Please submit this form to the designated office before resuming classes.