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|  *General Information:* *1. The maximum period for postponement is two semesters, either separated or consecutive.* *2. Postponement is done in accordance with Articles 25 and 26 of the Regulations for Granting the Master’s Degree. Withdrawal from one more courses in the semester is done in accordance with Article (24). Article (24) a} A student is allowed to withdraw from one or more courses and add new courses during the first week of the semester, and during the first three days of the summer semester without recording the withdrawn courses in his/her academic record. d) A student may withdraw from all the courses registered in the semester with the Dean’s approval, provided the request for withdrawal is submitted at least two weeks prior to the final exams, and in this case, the study of the student is considered postponed, f) If a student withdraws from a course, during the add and drop period, the fees reserved for him/her, and if the student withdraws after that period then the full study fees for that course are deducted.* |
| **Personal Information (Applicant):** |
| Name:       | Identification Number:      | Tel/Mobile:       |
| School/Department/Program:       | Date of joining the program (*dd/mm/year*):       | Academic Year:       |
| **Financial support:** |
| □Self-support | □GJU Assistantship, Specify type:      |
| □Scholarship, Specify source:      |
| Previous approved deferrals (semester(s)/academic year yy):      |
| 1-      |
| 2-      |
| Deferral request date: □First semester/yy □Second semester/yy |
| Reason(s) for the withdrawal:

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| **Dropped Course Information:** |

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| No. | Course No. |  | Course Title | Name of Course Instructor | Signature of Course Instructor |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

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| **Name of applicant: Signature: Date:** |

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| **Administrative Approvals** |
| Dean/Department Head (Name):     □Approve □RejectSignature: |   Date: |
| Military Service (for Jordanians):      □Approve □Reject |
| Signature: Date: |
| Others (Scholarship sponsors if applicable):      □Approve □Reject |
| Signature: Date: |
| Master Thesis Supervisor Name (If relevant):□Approve □RejectSupervisor comments:      |
| Signature: Date: |

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| **Dean of Graduate Studies and Scientific Research:** |
| □Approve □RejectComments:     Signature: Date: |

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| **Registration Office:** |
| □Approve □Reject |
| Signature: Date: |