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| *Important remark:*  Article (24-e)A student may withdraw definitely from the program in which he/she was admitted to, provided the withdrawal request is submitted at least two weeks prior to the final exams. | | |
| **Student Personal Information:** | | |
| Name: | Identification Number: | Mobile No: |
| School/Department/Program: | | |
| Address: | | |
| Date of joining the program (*dd/mm/year*): | Academic Year: | Date of thesis defence (If applicable): |
| **Financial support:** | | |
| Self-supported | GJU Assistantship (which type:…………………………………………….) | |
| Scholarship (Source of scholarship………………………………………………………….(Mention the source)) | | |
| **The semesters the student has already postponed:**  ……………………….. Semester of the Academic year: /  ……………………….. Semester of the Academic year: /  **The third semester the student wants to postpone:**  ……………………….. Semester of the Academic year: / | | |

**Reasons for withdrawal from Program and University:** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Student’s Signature: Date: / /**

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| **Dept. of Admission and Registration Information:** | | | | | | |
| The student is registered since: \_\_\_\_\_\_\_\_\_\_\_\_ semester of the Academic Year / , has completed (\_\_\_\_) credits, with a cumulative average of \_\_\_\_\_ and the number of credits registered for the current semester is:\_\_\_\_\_. | | | | | | |
| Other comments: | | | | | | |
| Dept. of Admission and Registration Signature: | | | | | Date: / / | |
| **For Use by the relevant sides:** | | | | | | |
| **Relevant side** | **Decision** | **Name** | **Date** | | **Signature and official stamp** | |
| Chairperson of program’s Department |  |  |  | |  | |
| Dean of program’s School |  |  |  | |  | |
| Cultural Advisor |  |  |  | |  | |
| Scholarships corner (Cultural, Military, etc.) |  |  |  | |  | |
| Office of Military Service- University Branch. (For Jordanian males only) |  |  |  | |  | |
| **Dean of Graduate Studies Decision** | | | | | | |
| Approve  Reject  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean’s Signature: Date: / / | | | | | | |
| **Dept. of Admission and Registration** | | | | | | |
| Decision:  Name:  Date:  Signature and official stamp: | | | | | | |