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| **Student Personal Information:** | | | |
| Name: | Identification No: | | Mobile No: |
| School/Department/Program: | | | |
| Student Signature: | | Date: | |
| **Department of Admission and Registration Information** | | | |
| - The student is registered since\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year ( \_\_\_\_/\_\_\_\_\_\_) and completed ( ) credit hours with a cumulative average of ( ) . The number of registered credits for this semester is ( ) credits. | | | |
| - Number of semesters the student spent in study: | | | |
| - The semester in which the supervisor was appointed:       ,academic year ( / ) | | | |
| Postponement | | Withdrawal | |
| \_\_\_\_\_\_\_ semester, academic year: / | | \_\_\_\_\_\_\_ semester, academic year: / | |
| \_\_\_\_\_\_\_semester, academic year: / | | \_\_\_\_\_\_\_ semester, academic year: / | |
| \_\_\_\_\_\_\_ semester, academic year: / | | \_\_\_\_\_\_\_ semester, academic year: / | |
| Registrar’s Signature: | | Date: / / | |
| **Present and Proposed Supervisor Information** | | | |
| **Present supervisor info:** | |  | |
| -Name: | | -Employee No.: | |
| -Academic rank: | | -Specific specialization: | |
| -Number of published articles: | | | |
| -Program’s Dept.: | | -Place of work: | |
| -Mobile /Phone: | | -E-mail: | |
| -Starting date of supervision: / / | | | |
| -Reasons for not continuing the supervision: | | | |
| Signature of the present supervisor: Date: / / | | | |
| **Accept** | | **Do not accept** | |

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| **Proposed supervisor info:** | |  | | |
| -Name: | | -Employee No.: | | |
| -Academic rank: | | -Specific specialization: | | |
| -Number of published articles: | | | | |
| -Program’s Dept.: | | -Place of work: | | |
| -Mobile /Phone: | | -E-mail: | | |
| -Starting date of supervision: / / | | | | |
| Comments: | | | | |
| Signature of the Proposed supervisor: | | Date: / / | | |
| **Accept** | | **Do not accept** | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Present and Proposed Co-Supervisor Information** | | | | |
| **Present Co-supervisor info:** | |  | | |
| -Name: | | -Employee No.: | | |
| -Academic rank: | | -Specific specialization: | | |
| -Number of published articles: | | | | |
| -Program’s Dept.: | | -Place of work: | | |
| -Mobile/Phone: | | -E-mail: | | |
| -Starting date of supervision: / / | | | | |
| -Reasons for not continuing the supervision: | | | | |
| Signature of the present Co-supervisor: | | Date: / / | | |
| **Accept** | | **Do not accept** | | |
| **Proposed Co-supervisor info:** | |  | |
| -Name: | | -Employee No.: | |
| -Academic rank: | | -Specific specialization: | |
| -Number of published articles: | | | | |
| -Program’s Dept.: | | -Place of work: | |
| Mobile/Phone: | | -E-mail: |
| -Starting date of supervision: / / | | | |
| Comments: | | | |
| Signature of the Proposed Co-supervisor: | | Date: / / | |
| **Accept** | | **Do not accept** | |
|  | |  | |
| **Program’s Dept. Graduate Studies Committee Recommendation** | | | |
| Approve  Reject Decision No: | | | |
| Comments: | |  | |
|  | |  | |
| Signature of Committee’s Chairperson: | | Date: / / | |
|  | |  | |
| **Program’s School Graduate Studies Committee Recommendation** | | | |
| Approve  Reject Decision No: | | | |
| Comments: | |  | |
|  | |  | |
| Signature of Committee’s Chairperson: | | Date: / / | |
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| **Dean of Graduate Studies Decision:** |
| □Approve ☐Reject |
| Comments:  Signature: Date: |

\*Article no. (35) in the MSc regulations in GJU.