|  |  |  |
| --- | --- | --- |
| School: | | |
| Department: | | |
| Date: | | |
|  |  |  |
| **Student Personal Information:** | | |
| Name: | Number: | Mobile No: |
| Program: | Department: | School: |
|  |  |  |
| **Program transferring to at GJU:** | | |
| ☐ Theses Track | ☐Non-thesis track |  |
|  |  |  |
| **Program transferring from outside GJU:** | | |
| ☐ Theses Track | ☐Non-thesis track |  |
| Dept./School: |  |  |
| University: |  |  |
| Graduation Year: |  |  |
| Courses Requested for equivalency: | ☐Master Level | ☐Higher Diploma Level |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course code and number** | | | **Course title** | **Credit hours** | **Grade** | **Semester/Year in which the course was taken** |
| 1- |  | |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |
| 2- |  | |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |
| 3- |  | |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |
| 4- |  | |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |

I am aware that one semester will be deducted from the maximum study duration for every (9-12) counted credit hours.

Student’s signature: Date: / /

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Dept. of Admission and Registration Information:** | | | |
| The student is registered since\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year ( \_\_/\_\_\_) and is registered for ( ) credit hours for the current semester. | | | |
| Were there any other courses that were counted from another program? | | | |
| ☐Yes | | ☐No |  |
|  |  |  |  |
| **No** | **Course code and number** | **Course Title** | **Credit hours** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| Comments: | |  |  |
| Registrar’s Signature and stamp: | | | Date: / / |
|  | |  |  |
| **Program’s Department Graduate Studies Committee Recommendation:** | | | |
| ☐Approved | | ☐Reject |  |
| Comments: | |  |  |
| Decision No: | |  |  |
| Signature of Committee’s Chairperson: | | | Date: |
|  | |  |  |
| **Program’s School Graduate Studies Committee Recommendation:** | | | |
| ☐Approved | | ☐Reject |  |
| Comments: | | | |
| Decision No: | |  |  |
| Signature of Committee’s Chairperson: | | | Date: |
|  | |  |  |
| **Dean of Graduate Studies Decision:** | | | |
| ☐Approved | | ☐Reject |  |
| Comments: | |  |  |
|  | |  |  |
| Dean of Graduate Studies Signature: | | | Date: / / |

**Required attached documents:**

1. Recent transcript of grades
2. Transcript of the courses that are to be examined for counting
3. Approved description of the courses that are to be examined for counting

Cc/School’s Graduate Studies Committee Chairperson.

/Admission and Registration Dept.