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| **Student Personal Information:** |
| Name:       | Identification No.:       | Mobile No:      |
| School/Department/Program:       |
| Current Semester:       | For the Academic Year:       |
|  |  |

[ ]  **From Thesis to Comprehensive Exam**.

[ ]  **From Comprehensive Exam to Thesis.**

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| **Courses Information:** |
| **Course Number** | **Course Title** |
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|  |  |
| **-Program’s Department Graduate Studies Committee Recommendation :** □ Approve ☐ Reject  |
| Signature of Committee’s Chairperson: Date: |
| **-Program’s School Graduate Studies Committee Recommendation :** □Approve ☐ Reject  |
| Signature of Committee’s Chairperson: Date: |
| **-Dean of Graduate Studies Decision** : □Approve ☐ Reject  |
| Comments:Signature: Date: |

CC /Student’s Department

CC /Admission and Registration Dept.

\*Article No. (15) in the MSc regulations in GJU.