|  |  |  |
| --- | --- | --- |
| School: | | |
| Department: | | |
| Date: | | |
| **Student Personal Information:** |  |  |
| Name: | Number: | Mobile No: |
| Program: | Department: | School: |
| **Program transferring to at GJU:** | | |
| ☐ Theses Track | ☐Non-thesis track |  |
| Academic Year: | Semester: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Course code and number** | **Course title** | **Credit hours** | **Grade** | **Remarks** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

I am aware that one semester will be deducted from the maximum study duration for every (9-15) counted credit hours.

Student’s signature: Date: / /

|  |  |  |
| --- | --- | --- |
|  | | |
| **Department of Admission and Registration Information:** | | |
| The student joined the program in the \_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year (\_\_/\_\_\_) and is registered for ( ) credit hours for the current semester. The student has finished ( ) credit hours. | | |
| The student was transferred from the program: | |  |
| To the program: |  |  |
| 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. Cc/School’s Graduate Studies Committee Chairperson.
3. Cc/Admission and Registration Dept.