|  |
| --- |
| 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: / /

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|  |
| **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.