|  |  |  |
| --- | --- | --- |
| School:      |  |  |
| Department:       |  |  |
| Date:       |  |  |
| **Student Personal Information:** |  |
| Name:       | Number:       | Mobile No:      |
| Program:       | Department:      | School:      |
| ☐ Theses Track | ☐Non-thesis track |  |
| Academic Year:       | Semester:       |  |
| **State the courses in your study plan that were counted from another program or from outside GJU:** |
| **Course code and number** | **Course title** | **Credit hours** | **Grade** | **Remarks** |
| 1- |  |  |  |  |
| 2- |  |  |  |  |
| 3- |  |  |  |  |
| 4- |  |  |  |  |
| 5- |  |  |  |  |

(Maximum number of equivalent courses should not exceed 15 credit hours)

|  |
| --- |
| **The original compulsory course which is no longer offered**: |
| **Course code and number** | **Course title** | **Credit hours** | **Semester/Year in which it was last offered** |
| **The alternative course the student wants to study:** |
| **Course code and number** | **Course title** | **Credit hours** | **It should be equivalent to the above course in content & level** |
|  |  |  |  |

Expected graduation semester:       , Year:

Student’s signature: Date: / /

|  |
| --- |
|  |
| **Department of Admission and Registration Information:** |
| The student is registered since \_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year ( \_\_/\_\_\_) with a cumulative average of ( ) and has passed successfully ( ) credit hours. |
| Where there any other courses that were counted from another program or from outside GJU? |
| ☐Yes | ☐No |  |
| Comments:       (do you agree with the students’ table above) |
| 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: / / |

Cc/School’s Graduate Studies Committee Chairperson.

/Admission and Registration Dept.