|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.