|  |  |  |
| --- | --- | --- |
| School:      |  |  |
| Department:       |  |  |
| Date:       |  |  |
|  |  |  |
| **Student Personal Information:** |  |  |
| Name:       | Number:       | Mobile No:      |
| Program:       | Department:      | School:      |
|  |  |  |
| ☐ Thesis Track | ☐Non-thesis track |  |
|  |  |  |
| Current Semester: | For the Academic Year: |  |
| The semester student wants to study outside the University:      Academic year: / |
|  |
| **The Courses student wants to study in the university:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course code and number** | **Course title** | **Credit hours** | **Grade** | **Semester/Year in which the course was taken** |
| 1- |  |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |
| 2-  |  |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |
| 3- |  |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |
| 4- |  |  |  |  |  |
| Equivalent at GJU to: |  |  |  |  | In the Study Plan |

I am aware that one semester will be deducted from the maximum study duration for every (9-12) counted credit hours.

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. |
| No. of postponement/ withdrawal/ failure to register / semesters: |
| Semester:       | Year:       |
| Semester:       | Year:       |
| Semester:       | Year:       |
| No. of probations during the students’ study:       |
| Where there any other courses that were counted from another program or from outside GJU? |
| ☐Yes | ☐No |  |
| Comments:       |
| Registrar’s Signature and stamp:  | Date: / /  |
|  |  |  |
| **Scholarship of granting authority recommendation** |  |
| Name of granting authority:       |
| ☐Yes | ☐No |  |
| Comments: |
| Granting authority Signature: | 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. A recent grades transcript
2. An approved description of the courses that the student will study at an institution other than GJU.
3. Learning Agreement/International Office.

CC /School’s Graduate Studies Committee Chairperson.

/Admission and Registration Dept.