 **GS-F 19**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

 **Date: / /**

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| **Changing Supervisor and/or Co-Supervisor of a Master student** |

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| **Student Personal Information:** |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_

Program:\_\_\_\_\_\_\_\_\_\_\_\_ Dept.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

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| **Dept. of Admission and Registration Information:** |

The student is registered since\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year ( \_\_/\_\_\_) and completed ( ) credit hours with a cumulative average of ( ) . The number of registered credits for this semester is ( ) credits.

Number of semesters the student spent in study ( ).

The semester in which the supervisor was appointed: ( ), academic year ( / )

□ Postponement □ Withdrawal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester, academic year: /

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester, academic year: /

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester, academic year: /

Registrar’s Signature: Date: / /

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| **Present and Proposed Supervisor Information:** |

* **Present supervisor info:**

Name: Employee No.:

Academic rank: Specific specialization:

Program’s Dept.: Place of work:

Phone: e-mail: Mobile:

Starting date of supervision: / /

Reasons for not continuing the supervision:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Accept □ Do not accept

Signature of the present supervisor: Date: /

* **Proposed supervisor info:**

Name: Employee No.:

Academic rank: Specific specialization:

Program’s Dept.: Place of work:

Phone: e-mail: Mobile:

□ Accept □ Do not accept

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the proposed supervisor: Date: / /

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| **Present and Proposed Co-Supervisor Information:** |

* **Present co-supervisor info:**

Name: Employee No.:

Academic rank: Specific specialization:

Program’s Dept.: Place of work:

Starting date of Co-supervision: / /

Phone: e-mail: Mobile:

Reasons for not continuing the co-supervision:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Accept □ Do not accept

Signature of the present Co-supervisor: Date: / /

* **Proposed co-supervisor info:**

Name: Employee No.:

Academic rank: Specific specialization:

Program’s Dept.: Place of work:

Phone: e-mail: Mobile:

□ Accept □ Do not accept

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the proposed Co-supervisor: Date: /

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| **Program’s Dept. Graduate Studies Committee Recommendation:** |

□ Approve □ Reject

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision No.:

Signature of Committee’s Chairperson: Date: / /

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| **Program’s School Graduate Studies Committee Recommendation:** |

□ Approve □ Reject

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision No.:

Signature of Committee’s Chairperson: Date: / /

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| **For the use of the Deanship of Graduate Studies (Admission and Registration):** |

1. □ All the information mentioned above are correct and precise.
2. □ Remarks on the application:

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Signature: Date: / /

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| **Dean of Graduate Studies Decision:** |

□ Approve □ Reject

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Graduate Studies Signature: Date: / /