 **GS-F 29**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

**Date: / /**

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| **Approval of Comprehensive Exam Results for Master Students** |

Program’s Department:…………………………………….. Program:…………………………………………….

The comprehensive exam committee for the Master program: Convened at the time: day: date:

And composed of the following members:

|  |  |  |
| --- | --- | --- |
| **Name in 3 parts** | **Employment Number** | **Signature** |
| 1- |  |  |
| 2- |  |  |
| 3- |  |  |
| 4- |  |  |
| 5- |  |  |
| 6- |  |  |

recommends the approval of the comprehensive exam results for the following students:

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s name in 3 parts** | **Student number** | **Grade** | **Result** |
| 1- |  |  |  |
| 2- |  |  |  |
| 3- |  |  |  |
| 4- |  |  |  |
| 5- |  |  |  |
| 6- |  |  |  |
| 7- |  |  |  |
| 8- |  |  |  |
| 9- |  |  |  |
| 10- |  |  |  |
| 11- |  |  |  |
| 12- |  |  |  |
| 13- |  |  |  |
| 14- |  |  |  |
| 15- |  |  |  |
| 16- |  |  |  |
| 17- |  |  |  |

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| **Recommendation of the Program’s Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Studies Committee:** |

□ Approve □ Reject

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

Session No.:

Department’s Graduate Studies Committee Chairperson’s signature: Date: / /

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| **Recommendation of the Program’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Studies Committee:** |

□ Approve □ Reject

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

Session No.:

School’s Graduate Studies Committee Dean’s signature: 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:

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

Signature: Date: / /

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

□ Approve □ Reject

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

Dean of Graduate Studies signature: Date: / /

**Note: The comprehensive exam results should, after being approved by both the Department and School Graduate Studies Committees be sent to the Deanship of Graduate Studies in a period not exceeding two weeks from the date upon when the exam convenes.**

**Required Attached documents:**

1. Students exam answer sheets
2. Exam questions with a detailed solution key

Cc/School’s Graduate Studies Committee Chairperson.

Cc/Admission and Registration Dept.