 **GS-F 3**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

**Date: / /**

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| **Counting courses studied by a student from outside GJU before joining the present Master Program** |

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| **Student Personal Information:** |

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

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

**Program transferring to at GJU:**

□Thesis Track □ Non-thesis track

**Program transferring from outside GJU:**

□Thesis Track □ Non-thesis track

Dept./School: University: Graduation Year:

Courses requested for equivalency: □ Master Level □ Higher Diploma Level

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: / /

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

The student is registered since\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year ( \_\_/\_\_\_) and is registered for ( ) credit hours for the current semester.

Were there any other courses that were counted from another program?

□ Yes □ No

|  |  |  |
| --- | --- | --- |
| **Course code and number** | **Course Title** | **Credit hours** |
| 1- |  |  |
| 2- |  |  |
| 3- |  |  |
| 4- |  |  |

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

Registrar’s Signature and stamp: 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:

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

Signature: Date: / /

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

□ Approve □ Reject

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

Dean of Graduate Studies Signature: Date: / /

**Required attached documents:**

1. Recent transcript of grades
2. Transcript of the courses that are to be examined for counting
3. Approved description of the courses that are to be examined for counting

Cc/School’s Graduate Studies Committee Chairperson.

Cc/Admission and Registration Dept.