 **GS-F 32**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

**Date: / /**

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| **Recommendation to Grant Master’s Degree/Non-Thesis Track** |

Program’s Department: School:

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

The committee recommends granting the students mentioned below the Master’s Degree (Mention the type, i.e. MBA, MA. Or M.Sc.) in the specialization:…………………………………………………………………………………………………………

Based on the approval of the comprehensive exam results that took place on :…………………(day), and date: / /

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

Session No.:

Signature of Committee’s Chairperson: Date: / /

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| --- | --- |
| **Student’s name in 3 parts** | **Student number** |
| 1- |  |
| 2- |  |
| 3- |  |
| 4- |  |
| 5- |  |
| 6- |  |
| 7- |  |
| 8- |  |
| 9- |  |
| 10- |  |
| 11- |  |
| 12- |  |
| 13- |  |
| 14- |  |
| 15- |  |
| 16- |  |
| 17- |  |
| 18- |  |
| 19- |  |

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

□ The committee recommends granting the students mentioned above the Master’s Degree (type) in the mentioned program.

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

Session 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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| **Council of Graduate Studies Recommendation:** |

□ The Council recommends granting the students mentioned above the Master’s Degree (Type) in the mentioned program.

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

Session No.: Date: / /

Signature of the Dean:

Cc/Director of Admission and Registration Dept.

Cc/Deanship of Graduate Studies (to take action).