 **GS-F 35**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

 **Date: / /**

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| **Nomination of Master Students for Teaching Assistantships Grants** |

Program: Program’s Department: School:

Semester: Academic Year:

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

The committee recommends nominating the below mentioned students teaching assistantships grants:

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| --- | --- | --- | --- | --- | --- | --- |
| **Student Name (4 parts)** | **St. No.** | **Program** | **Cumulative Average** | **National No.** | **Phone** | **Type of Teaching Assistantship Grant** |
| **Full** | **Half** | **Quarter** |
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Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session No.:

Signature of Committee’s Chairperson: Date: / /

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

□ Approve □ Reject

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

Session No.:

Signature of Committee’s Chairperson: Date: / /

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| **For use of Dept. of Admission and Registration:**  |

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

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Signature: Date: / /

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| For use of Deanship of Graduate Studies  |

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

□ Approve □ Reject

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

Session No.:

Signature of the Dean: Date: / /

Cc/Director Finance Dept.

Cc/Deanship of Graduate Studies in order to take action.