 **GS-F 5**

**German Jordanian University School:**

**Deanship of Graduate Studies Department:**

**Date: / /**

|  |
| --- |
| **Alternative Course During Graduation Semester** |

|  |
| --- |
| **Student Personal Information:** |

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

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

□Thesis Track □ Non-thesis track

Current Semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For the Academic Year: /

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State the courses in your study plan that were counted from another program or from outside GJU:** | | | | |
| **Course code and number** | **Course title** | **Credit hours** | **Grade** | **Remarks** |
| 1- |  |  |  |  |
| 2- |  |  |  |  |
| 3- |  |  |  |  |
| 4- |  |  |  |  |
| 5- |  |  |  |  |

(Maximum number of equivalent courses should not exceed 15 credit hours)

|  |  |  |  |
| --- | --- | --- | --- |
| **The original compulsory course which is no longer offered**: | | | |
| **Course code and number** | **Course title** | **Credit hours** | **Semester/Year in which it was last offered** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The alternative course the student wants to study:** | | | |
| **Course code and number** | **Course title** | **Credit hours** | **It should be equivalent to the above course in content & level** |
|  |  |  |  |

Expected graduation semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature: Date: / /

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

The student is registered since\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the academic year ( \_\_/\_\_\_) with a cumulative average of ( ) and has passed successfully ( ) credit hours.

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

□ Yes □ No

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Do you agree with the student’s table above)

Registrar’s Signature and stamp: Date: / /

|  |
| --- |
| **Scholarship granting authority recommendation:** |

Name of Granting Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Yes □ No

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Granting Authority signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

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

□ Approve □ Reject

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

Decision No.:

Committee’s Chairperson signature: Date: / /

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

□ Approve □ Reject

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

Decision No.:

Committee’s Chairperson signature: Date: / /

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

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

□ Approve □ Reject

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

Dean of Graduate Studies Signature: Date: / /

Required Attached documents:

Cc/School’s Graduate Studies Committee Chairperson.

Cc/Admission and Registration Dept.