

Kingdom of Saudi Arabia
Ministry of Education
Shaqra University
University Agency for Postgraduate Studies
and Scientific Research
Executive Management of Graduate Studies

## Form of Incomplete Grade Change: Temporarily recorded for each course for which the student is unable to complete the requirements by the specified date.

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Student:					Un	niversity number:			
College:		Section:			S	pecialization:			
Academic level: Diploma Master's PhD						rder date:	/ /	14	Н
Course name				Course co	de	_			
The semester in which the student received a grade of						he first	For the 3	year 14	4 AH
Semester in which grade was modified						ne second	For the 3	year 14	4 AH
Justifications for recording an incomplete grade for a student: (A detailed report may be attached)									
His Excellency the Head of Department, may God protect him									
May the peace, mercy, and blessings of God be upon you									
I would like to inform you that the requirements of the above course have been									
completed by the student, and he/she has obtained grade number ()									
Grade Writing :(		) degree o	nly						
Course Instr	ructor				th	ne signature			
His Excellency the Dean of the College, may God protect him									
May the peace, mercy, and blessings of God be upon you									
Consent Disagreement. Section Session No.( ) dated / /14 AH on the above-mentioned amendment.									
Head of Department						the signature			
May the peace, mercy, and blessings of God be upon you									
It was completed examination on the above mentioned amendment. Dated / / 14 AH, I									
hope to complete the regular procedures.									
Dean of the	College					the signatur	e		
Viewed on: // 14 AH. We have no objection to amending the student's grade, whose information is shown above, in accordance with the study and examination regulations for the university stage.									
Executive M	lanagement					the signatur	e		