



Re-registration request

(According to Article 27 of the Regulations Governing Postgraduate Studies in Universities)

First: The request

the name:	University number:
College:	Section:
Program:	Grade: <input type="checkbox"/> Master's <input type="checkbox"/> PhD
Level:	GPA:
Date of enrollment:	Number of hours completed:
Closing date:	
Reason for closing the record:	
Reasons for re-registration:	

I warrant that all data and information is true and accurate.

Student's signature:

the date: / / 14 AH

Second: The opinion of the department

Section session no. () On / / 14 AH Approval ☐ Disapproval ☐

Head of Department:The signature Date: / / 14 AH

Third: the College's opinion

College session No. () dated / / 14 AH Agree ☐ Disagree ☐

Dean of the College:The signature the date: / / 14 AH

Fourth Opinion of the Standing Committee for Postgraduate Studies

Committee meeting Permanent Postgraduate Studies No. () dated / / 14 AH

Consent ☐ Disagreement ☐