



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

Request to postpone a semester

(According to Article 22 of the Regulations Governing Postgraduate Studies in Universities)

First: The request

I, the student, apply.

I would like to postpone a semester, and I would like the semester to be () For the academic year: 14 AH

/ 14 AH

My data is as follows:

Civil registry number	
University number	
College	
Section	
The program	
Degree	<input type="radio"/> Master's <input type="radio"/> PhD
Level	
GPA in the degree	
Number of classes you have passed	
Number of classes you have previously postponed	<input type="radio"/> 1. There is no <input type="radio"/> 2. Letter number the consent the date <input type="radio"/> 3. Letter number the consent the date <input type="radio"/> 4. Letter number the consent the date

Reasons for postponement:

I pledge that all data and information are correct and accurate and I bear any consequences of postponement regarding registration and availability of courses or stopping the program later.

Student's signature: the date: / / 14 AH.

Second: The opinion of the department council

Consent: ☐ Disagreement ☐

Head of Department: Dr. Signature the date: / / 14 AH

Third: The College Council's opinion

Consent: ☐ Disagreement ☐

Dean of the College: Dr. Signature the date: / / 14 AH

The stamp

SU-DGS-ST-F006