



نموذج طلب تأجيل قبول
Postponed Acceptance Request Form

Name In English	First Name										Father Name										
	Grandfather Name										Family Name										
Name In Arabic											GPA	Out of									
College											Department										
Region											Academic No.										
ID No.											Mobile No.										
Badge No.											Email										
Postponed Semester											Semester Start Date										

Student's Signature

Date : / /

←

Department Director Signature: _____ Date: _____	<input type="checkbox"/> Disapproved / <input type="checkbox"/> Approved
Dean's College Signature: _____ Date: _____	<input type="checkbox"/> Disapproved / <input type="checkbox"/> Approved
Dean's Postgraduate Education Signature: _____ Date: _____	<input type="checkbox"/> Disapproved / <input type="checkbox"/> Approved

Notes:

1. Student may request to postpone the acceptance of submission exceed a period of two semesters
2. The duration of delay are not accounted within the maximum duration of classes.

ملاحظات:

١. يجوز للطالب التقديم بطلب تأجيل القبول على ألا تتجاوز مدة التأجيل فصلين دراسيين.
٢. لا تحتسب مدة التأجيل ضمن الحد الأقصى لمدة الحصول على الدرجة.