



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: _____

Disapproved / Approved

Dean's College
Signature: _____
Date: _____

Disapproved / Approved

Dean's Postgraduate Education
Signature: _____
Date: _____

Disapproved / 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.