



نموذج طلب حذف فصل دراسي
Semester Cancellation Request Form

Name in English	First Name										Father Name										
	Grandfather Name										Family Name										
Name In Arabic											GPA	<u>Out of</u>									
College											Department										
Region											Academic No.										
ID No.											Mobile No.										
Badge No.											Email										
Semester Start Date											Cancelled Semester										

Student's Signature

Date :

Department Director _____

Disapproved / Approved

Signature: _____

Date:

Dean's College _____

Disapproved / Approved

Signature: _____

Date:

Dean's Postgraduate Education _____

Disapproved / Approved

Signature: _____

Date:

Clearness

قسم المكافآت / الاسم : _____ التوقيع _____ التاريخ: / / ١٤ هـ

قسم التسجيل / الاسم : _____ التوقيع _____ التاريخ: / / ١٤ هـ