



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