

Specialization Selection Form

Kingdom of Saudi Arabia
Ministry of High Education
AI-MAJMAAHA UNIVERSITY
Engineering Faculty
Phone ext 2518



المملكة العربية السعودية
 وزارة التعليم العالي
 جامعة المجمعة
 كلية الهندسة
 هاتف اللجنة داخلي: 2518

Registration, Schedules and Examinations Committee

Specialization Selection Form for the ----- trimester, 20----

Student Name: ----- Student ID: -----

Cell phone Number (-----) Student's Study plan:

Mark the courses that have not been **neither** registered **nor** passed

(Course Title)	(Course ID)	(Status)	
		(Not Passed)	(Not Registered)

check (√) the required specialization according to your interest order

Explain your first Choice	Your choice by interest order				Engineering Department
	First	Second	Third	Fourth	
					Electrical
					Mechanical
					Civil

Signature :

Date:/...../20

Remarks

- 1- If the student did not finish more than six hours from previous levels, he cannot select his specialization
- 2- After filling this form, it will be sent todepartment at a later date : / ... / 20.....

For administration college use only:

The student's GPA after thesemester results approval, for the academic year:/.....

Remaining courses:

Nr	Course Name	Course ID	Nr	Course Name	Course ID
1			4		
2			5		
3			6		

College administration decision: -----