

Department Transfer Form

Filled by the student

Academic year: 20..../20.... First term Second term Summer term

Student ID:	Student Name:
Current department	Student GPA:
New department:	Have you made this transfer before: <input type="checkbox"/> Yes <input type="checkbox"/> NO

The incomplete or impasse courses before specialization

Course Name	Course ID	Course status (Not studied, withdrawn, failed or banned)

Student name: _____ Signature _____ Date: \

Note: The introduced information should be accurate and correct

1. The academic advisor approval

The advisor Name	The advisor remarks	Signature

2. The new head of department approval

Name	Remarks	Agree	Do not agree	Signature

Dear Dean of the engineering college

After checking the information offered by the student and the opinion of the advisor I therefore :

- Approve the transfer
 Do not approve, because:

Yours sincerely

The current head of department

Note: a copy of this form will be sent to the academic advising unit to refer a new advisor

نسخة: وحدة الارشاد الاكاديمي لتحديد مرشد جديد للطالب