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



Registration, Schedules and Examinations Committee

المملكة العربية السعودية وزارة التعليم العسالي جامسسعة المجمعة كلية الهندسة هاتف اللجنة داخلي: 2518

## **Department Transfer Form**

| Filled by the student   |  |               |   |               |   |                                     |  |
|---|--|---------------|---|---------------|---|-------------------------------------|--|
| Academic year: 20.  | /20  | ☐ First       | term                                      | Second        | l term  | <b>□</b> Summer term                |  |
| Student ID:   |  |               | Student Name:                             |               |   |                                     |  |
| Current department  |  |               | Student GPA:                              |               |   |                                     |  |
| New department:   |  |               | Have you made this transfer before: Yes D |               |   |                                     |  |
|   | (D) 1  |               | <u>I</u>                                  | 1 0           | • 1•  |                                     |  |
| The incomplete or impasse courses before specialization   |  |               |   |               |   |                                     |  |
| Course Name   |  | Course ID Co  |   | Course sta    | ourse status (Not studied, withdrawn, failed or banned) |                                     |  |
|   |  |               |   |               |   |                                     |  |
|   |  |               |   |               |   |                                     |  |
|   |  |               |   |               |   |                                     |  |
| Student name: Sign  Note: The introduced information should be accurate and corre   |  |               |   |               |   | Date: \                             |  |
| Note: The introduced informati  | on should be accurat   | te and correc | t   |               |   |                                     |  |
| 1. The academic advisor approval  |  |               |   |               |   |                                     |  |
| The advisor Name  | The adviso   |               | r remarks                                 |               |   | Signature                           |  |
|   |  |               |   |               |   |                                     |  |
| 2. The new head of department approval  |  |               |   | 1             |   |                                     |  |
| Name  | Remarks  |               | Agr                                       | ee Do no      | ot agree  | Signature                           |  |
| Dear Dean of the engine After checking the informal Approve the transfermal Do not approve, because of the engine After checking the informal Approve the transfermal Do not approve, because of the engine After | mation offered b<br>r  | y the stude   | ent and the o                             | pinion of the | e advicor   | I therefore :                       |  |
|   |  | Vou           | rs sincerely                              |               |   |                                     |  |
| The current head of on Note: a copy of this form will   |  |               | ·   |               | . مرشد جديد لل  | نسخة: وحدة الارشاد الاكاديمي لتحديد |  |
| 6/1/4/F146/1  | Only one transfer is allowed from a department to another at the college |               |   |               |   |                                     |  |