جامعة دار الحكمة
DAR AL-HEKMA UNIVERSITY
Registration Office

# DISMISSAL WAIVING REQUEST (UNDERGRADUATE)

## STUDENT INFORMATION

ID#: _____ Name: _____

Major: _____ Current Semester: ☐ 1st ☐ 2nd Year: 20_____ - 20_____

CGPA: _____ Reason for Dismissal: ☐ Low CGPA ☐ Exceeded the Maximum Time Frame

Instructions
Attach all the supporting documents and evidences of any exceptional circumstances that negatively impacted the academic performance.

## STUDENT USE

Justification: _____

Signature: _____ Date: _____

## DEAN OF STUDENTS APPROVAL

Decision: ☐ Approved ☐ Disapproved

Dean of Students Signature: _____ Date: _____

## UNIVERSITY COUNCIL APPROVAL

Decision: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____

## REGISTRATION OFFICE USE

Registration Office Signature: _____ Date: _____