



REQUEST FOR GRADUATION

STUDENT INFORMATION

ID#: _____ Name: _____

Program Type: Undergraduate Graduate Major: _____

Expected Graduation Semester: 1st 2nd Summer Year: 20____ - 20____

Mobile#: _____ Phone#: _____

Email after Graduation: _____

Instructions

- Please fill in the form and return it to Registration Office before the graduation semester and before the deadline.
- The name that will appear on your certificate must correspond to the official name in your passport. (A copy of passport must be attached to the form).
- The fee for processing this request is SR500. A late submission of the form will incur an additional fee of SR100.

Remaining Courses/Credits for Graduation

CURRENT SEMESTER		ADDITIONAL SEMESTER		GRADUATION SEMESTER	
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Summer		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Summer		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Summer	
Course Code	Credits	Course Code	Credits	Course Code	Credits
Total Credits		Total Credits		Total Credits	

Student Signature: _____ Date: _____

Advisor Name/Signature: _____ Date: _____

Accounting Department Signature: _____ Date: _____

Admission Office Signature: _____ Date: _____

REGISTRATION OFFICE COMMENT

Registration Office Signature: _____ Date: _____