



STUDY POSTPONEMENT APPLICATION FORM

Semester Postponement: (First), (Second), (Third)

Name: -----
ID.No : -----
Academic Year: (20----- 20-----)
Department: ----- Group: -----
Specialization: -----
Semester: -----
Date: -----/-----20-----
GSM No. :
Signature: -----

Reasons of Postponement:-

1- : -----
2- : -----
3- : -----

Attachment:

1- : -----
2- : -----

Registration Department Use:

* Postponement No: (-----)
* Student's Status: -----
* Attendance: -----
* Probation: -----
* GPA: -----
* Other Notes: -----

Recommendation of Head of Department: -----

Signature: ----- Date: -----

Decision of College Council:- -----

Meeting No :(-----) Date: -----

Steps for Processing Postponement Application:-

1. Student fills in application with acceptable reasons.
2. Student submits the application to the Registration Dept.
3. The Head of the Academic Dept. states his/her recommendations.
4. In case of HoD acceptance, ADSA forwards the application to College Council for approval in accordance with the **Bylaws of Colleges of Technology , Article 56** (The College Council is authorized, in case of acceptable reasons, to agree to the postponement of a student's study for a maximum period of two semesters, throughout the period of his/her study).
5. Registration Dept. informs the student with the decision of the College Council.