

AL GHURAIR UNIVERSITY

Office of the Registrar

جامعة الغرير
ALGHURAIR
UNIVERSITY



POSTPONEMENT OF A SEMESTER

NAME : _____

ID NUMBER : _____

Email ID : _____ Tel No : _____

College / Program : _____

Present Academic Year : _____

Semester to be postponed : _____

REASONS : _____

Did you postpone a semester before? Yes No

How many times you Postponed a Semester (Please circle the Nos.) 1 2 3 4

If "Yes" then give details of cancellation / withdrawal / postponement of semester.

Details of Cancellation / Withdrawal / Postponement of Semester.

| S.No. | Academic Year | Semester |
|-------|---------------|----------|
| | | |
| | | |

Details of Discounts / Scholarships if any:

Family Discount Yes No

Fee Discount Yes No

Student Visa Yes No

SIGNATURE OF STUDENT _____

SIGNATURE OF ADVISOR _____

SIGNATURE OF DEAN _____

ACCOUNTS:

Previous Balance: _____

Accounts Signature: _____ Date: ____ / ____ / ____

OFFICE of the REGISTRAR:

REMARKS: _____

DATE: ____ / ____ / ____

UNIVERSITY REGISTRAR