

Course Replacement Request Form

Academic Section
Receive NoDate
Time Receiver

TOWN THE PARTY OF	(Course with grade of F)			Time Receiver	
-14 140					
Subject:	To request registration of course rep	lacement	Student ID		
(Course with grade of F)			Tel.	0	
To: Regi	strar				
]	Name Mr. / Mrs. / Miss				•••••
Level of	Study Undergraduate 0	Graduate			
Type of	Study Full-time	Part-time/ S	Special Course		
Faculty.	FacultyMaj			Minor	
I would 1	ike to request registration of course r	eplacement	t in the semester.	Academic year	
	Course with grade of F			Course requested	
Course with grade of F				Course requested	
Course Code	Course Title	Credits	Course Code	Course Title	Credits
			In the sen	l nester Academic y	\ vear
In the semester Academic year					
**Course	e replacement must be the course in t	he same sec	ction with the cour	rse the student got F, and the cou	ırse
replacement must	have equal or more credits than the	course the s	student got F.		
I request	hereby for your consideration				
				Sincerely	
			Cionatan	A1*	• •
				Applican	I L
			Date	/	

Procedure for approval				
1. Advisor's Comment	2. department committee			
Considered	Considered			
(Mr. / Mrs. /Miss)	Approved			
Approved	Disapproved because			
Disapproved because				
	Signature President			
Signature Advisor	Date/			
Date/				
3. Chairman	4. Head of Academic Affairs			
Considered	Considered			
Approved	Approved			
Disapproved because	Disapproved because			
Signature Chairman	Signature Head of Academic Affairs			
Date/	Date/			
5. Registration Department				
Checked.				
Signature	Registrar			