كلية فاطمة للعلوم الصحية
FATIMA COLLEGE OF HEALTH SCIENCES

بوليتكنك
POLYTECHNIC

POSTPONED OF STUDY REQUEST FORM

To be completed by the Student:

Student Name		ID	
Program		Academic year/ Semester	
Contact No.		Campus	

Semesters to be postponed	Reason:

Did you postpone a semester before? ☐ Yes ☐ No

If "Yes" then indicate:

Academic year: Semester:

Do you have a sponsor? ☐ Yes ☐ No

Student signature :	Parent – Guardian Signature:	Sponsor Signature :

Official Use		
Student Advisor Name:		Date:
Head Of Department:		Date:
Student Services Sr. Manger		Date:
Director:		Date:
Remarks:		
Registration office:		Date of process: