

Kingdom of Saudi Arabia
Ministry of Education
King Faisal University
Deanship of Graduate Studies



المملكة العربية السعودية
وزارة التعليم
جامعة الملك فيصل
عمادة الدراسات العليا

Form (B)
Second Chance Application for Enhancing the GPA

Student Name:
Academic Number:
College:
Department:
Academic Degree:
Signature:

Supervisor Name:
Signature:

Duration:

Department Council Decision: Agree ☐ Disagree ☐

Course Name: Course N:

Course Name: Course N:

Course Name: Course N:

Session N: Date:

Signature of the Department Head:

College Council Decision: Agree ☐ Disagree ☐

Course Name: Course N:

Course Name: Course N:

Course Name: Course N:

Session N: Date:

Signature of the College Dean:

Graduate Studies Deanship Council Decision: Agree ☐ Disagree ☐

Course Name: Course N:

Course Name: Course N:

Course Name: Course N:

Session N: Date:

Signature of Graduate Studies Dean:

A copy for:

- College Dean
- Head of the Registration Department in the Deanship.