

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 (C)**  
**Second Chance Application Due to Exceeding Time Limit for  
Obtaining a Scientific Degree (Item 29 of the regulation)**

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

**Supervisor Report: -**

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**Supervisor Name:** .....  
**Signature:** .....

Department Council Decision:    Agree ☐    Disagree ☐

One semester ☐

two semesters ☐

Session Number:

Date:

Signature of the Department Head:

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College Council Decision: Agree ☐

Disagree ☐

One semester ☐

two semesters ☐

Session Number:

Date:

Signature of the College Dean:

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College Council Decision: Agree ☐

Disagree ☐

One semester ☐

two semesters ☐

Session Number:

Date:

Signature of Graduate Studies Dean: