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

Student Clearance Form

His Excellency/ Dean of Graduate Studies	
Greetings	
I am My Academic N.: Nationality:	
College: Specialization:on scholarship:	
Would like to withdraw my record, knowing that this does not exempt me from the courses I registered, for	he
following reasons:	
would like to have clearance certificate due to the graduation from the university	
Student Na	
Signature:	
Delevent Dedies Signatures	
Relevant Bodies Signatures	
First: College: SECOND: Deanship of Student Affairs	

Academic Advisor: Student Fund: College Librarian: Housing and Nutrition: College Laboratories Supervisor: Sport Department: Third: Central Library Fourth: Deanship of Scientific Research Fifth: University Administration **Deanship of Graduate Studies** Financial Administration: **Registration Department:** Polyclinics: **Rewards Department:** Safety and Security: Documents: Seventh: King Abdulaziz City for Science & Technology Funded Eight: Information Technology Center Research Accountant. Student Signature on receiving: His Record Gradu n Document ID Type: ID N.: Issued by: Date of Issue:

Student Address: Phone N: Date of withdrawal: