

Al Maaref University Petition Form (M)

Serial No:

TO BE COMPLETED BY THE STUDENT (Meet with your Advisor before filling the petition)				
Name:				
First		Middle		Last
Student's ID :		P	hone/ Mobile N	0.:
Student's Major:			urrent Faculty	:
Academic Semester:	_ Fall S _l	oring;S	ummer Acader	nic Year:
SUBJECT OF PETITION (each petition deals with only <u>ONE</u> subject, documents submitted in support of your petition will not be returned)				
I need to:				
Reason:				
Student's signature:			Date:	
TO BE COMPLETED BY THE DIRECTOR OF SAO				
Type of petition:				
Director's opinion:				
Director's Signature:			Date:	
TO BE COMPLETED BY THE FACULTY UNIT				
Faculty's Decision: □	Approved	□ Rejected	□ Other	:
Comments:				
Faculty's Signature:			Date:	
ACTIONS TO BE MADE I	BY SAO:			
Copy to:			Date received:	
□ Inform Student □ Upgrade th	e report 🗆 Archive		Date processed:	