

To be filled out by the authorized department submitting the request **Application Form for Changing Educational Institution** Name ID Affiliated Position كلية الهندسة معيدة Institution **University of** Start Date..... **Degree Pursued** Scholarship and location Type of Request: Changing Educational Institution From: ....... To: ...... at University of \_ Request: A referral from the Dean of Graduate Studies, reference number \_\_\_\_\_ dated //\_\_\_ AH, accompanied the application submitted via the electronic portal (Safeer) regarding \_\_\_\_\_ for the scholar to obtain a doctoral degree in the specialization of ( \_\_\_) for a duration of three years starting from 00/00/0000. Acceptance: Unconditional from the University of \_\_\_\_\_ located in \_ **Opinion of the Cultural Attaché:** The request received approval from the Cultural Attaché in \_\_\_\_\_, based on a letter from the academic supervisor stating that the date of obtaining the master's degree is Justifications: **Previous Decisions and Recommendations:** (One of the college staff has been granted access to the archive of decisions relevant to the institution.) **Department Recommendation:** from the Department Council () in session held on // AH. Please specify the reason if the decision was by majority approval or denial. **College Recommendation:** Approval from the College Council session held AH.

**Note:** The shaded field contains a dropdown menu where you can select the type of request and adjust the data accordingly.

Please specify the reason if the decision was by majority approval or denial.

When changing the educational institution, the previously granted duration is counted within the total regulatory period for the scholarship. Therefore, the scholar must complete the degree requirements at the new educational institution within the remaining regulatory period.

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