



To be filled out by the authorized department submitting the request

Application Form for Changing Specialization

	Name		ID
كلية الهندسة	<b>Affiliated Institution</b>	معيدة	Position
Start Date.....	<b>University of Scholarship and location</b>		Degree Pursued

**Type of Request:** Changing Specialization **From:** ..... **To:** .....

**Request:**

A referral from the Dean of Graduate Studies, reference number \_\_\_\_\_ dated //\_\_\_\_ AH, accompanied the application submitted via the electronic portal (Safeer) regarding changing the specialization of the scholar to obtain a doctoral degree. The specialization change is from () to () 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 \_\_\_\_\_.

**Previous Decisions and Recommendations:**

(One of the college staff has been granted access to the archive of decisions relevant to the institution.)

**Department Recommendation:**

Approval \_\_\_\_\_ 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 in session (\_\_\_\_) held on // AH. Please specify the reason if the decision was by majority approval or denial.

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

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