**request for speciality transfer**

When submitting a request for **TRANSFER** from one specialty to another within the same qualification (school) , each student must request and receive the authorization from the Lead Internal Verifier (LIV). **Procedure:**

The student should present :

1. Record from Registration for completed credits and courses**.**
2. **The student will be given 48 hours from the date of the written request to re-consider** , before Registration Department enters the transfer into the registration system.
3. The request form will be signed by the student and approved by the LIV.

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| **Student Name:**  **Student ID:**  **Semester :**  **Total Passed Credit Hours:** | | **Program:**  **Current Specialty:**  **Transfer to Specialty:**  **جهة الانفاق:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Must Be filled by student )** | |
| **Reason for the Transfer Request:** | | | |
| **LIV (Dean) Name:** | **LIV (Dean) Approval:** | | **LIV (Dean) Signature & official Stamp:** |
| **Student Fund Secretary (If Student with Student Fund):** | **Name :** | | **Remarks & Signature:** |
| **Financial Employee** | **Name:** | | **Approval & Official Stamp:** |
| **Registration Employee on System** | **Name:** | | **Actual Transfer Date :** |

**Authentication**

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| **Student Declaration:**  I understand that I can re-consider my transfer request within **48 Hours** from the date of approval. Registration will consider the **decision as final** after 48 hours and will enter the data into the system.  **Student’s signature: Transfer Request Date:** |