**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.

|  |  |
| --- | --- |
| **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**

|  |
| --- |
| **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:** |