



King Fahd University of Petroleum & Minerals
Deanship of Admissions and Registration
 Office of the University Registrar

Training Postponement Form

Declaration for Student Postponed Training COOP Internship Summer

Student Info.

Name <input style="width:300px;" type="text"/>			KFUPM ID <input style="width:100px;" type="text" value="20"/>	Major <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>		
Hours Earned <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	Hours Registered <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	Hours Remaining <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	CGPA <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	MGPA <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>		

Courses Before Training			Courses After Training		
Term Number	Course Code and Number	CH	Term Number	Course Code and Number	CH
<input style="width:30px;" type="text"/>	<input style="width:60px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:60px;" type="text"/>	<input style="width:30px;" type="text"/>
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<input style="width:30px;" type="text"/>	<input style="width:60px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:60px;" type="text"/>	<input style="width:30px;" type="text"/>
Total of Hours		<input style="width:50px;" type="text"/>	Total of Hours		<input style="width:50px;" type="text"/>

Student Comment

Student Declaration I declare that I will follow the above plan and will not delay training for the last term.

Academic Advisor _____ Date _____ Signature

Comments

Recommended Not Recommended _____ Date _____ Signature

Training Coordinator

Comments

Recommended Not Recommended _____ Date _____ Signature

Dept. Chairman

Comments

Recommended Not Recommended _____ Date _____ Signature

College Dean *Note: Requires the approval of VPAA only for the case when a student is postponing the training to his last term.*

Comments

Recommended Not Recommended Date _____ Dean's signature _____ APPROVED NOT APPROVED VPAA signature / Date _____

THE COMPLETED FORM SHOULD BE SUBMITTED TO THE REGISTRAR'S OFFICE