King Fahd University of Petroleum & Minerals

Deanship of Admissions and Registration

Office of the University Registrar

Summer Training Drop Form

Student Info.

Student Name _____ KFUPM ID _____ Nationality _____

Credits Earned ___ Credits Registered ___ Credits Towards Graduation ___ CGPA ___.___ MGPA ___.___ Major ____

Mobile 0 5 _____ P.O. Box _____ Email _____

Comment (Reasons of Dropping) _____

Please tick a box only when applicable:

- ☐ *I have no training opportunity at the time of dropping.*
- ☐ *I have a training opportunity, but I will notify the company about my status.*
- ☐ *Summer training will not be taken in my last semester.*

_____ Date _____ Signature

Coordinator's Opinion

☐ Summer training will **not** be in the last semester for the student at the university.

Name _____

_____ Date _____ Signature _____ Stamp

Dept. Chairman

◯ APPROVED. To the university registrar for action ◯ NOT APPROVED. To department coordinator for information

Comments _____

_____ Date _____ Signature _____ Stamp

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