



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

Summer Training Registration Form

Student Info.

Student Name	<input type="text"/>	KFUPM ID	<input type="text"/>	Nationality	<input type="text"/>
Credits Earned	<input type="text"/>	Credits Registered	<input type="text"/>	Total Credits	<input type="text"/>
CGPA	<input type="text"/>	MGPA	<input type="text"/>	Major	<input type="text"/>
Mobile	<input type="text"/>	P.O. Box	<input type="text"/>	Email	<input type="text"/>

_____ Date _____ Signature

Qualification Conditions

The Summer Coordinator should check the appropriate box for each condition below and comment in the space provided

- | No | Yes |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Student is currently enrolled in the university |
| <input type="checkbox"/> | <input type="checkbox"/> Student has completed more than 65 credit hours (including current semester) |
| <input type="checkbox"/> | <input type="checkbox"/> Student cumulative and major GPA is 2.00 or above (out of 4.00) |
| <input type="checkbox"/> | <input type="checkbox"/> Students has passed or currently taking ENGL 214 |
| <input type="checkbox"/> | <input type="checkbox"/> Student has completed or currently taking all the pre-requisites and requirements identified by his department |
| <input type="checkbox"/> | <input type="checkbox"/> Summer training is not in the last semester for the student at the university |

Comments (REQUIRED if any of the conditions above is not met)

Name

_____ Date _____ Signature _____ Stamp

Dept. Chairman

- Approved, To the University Registrar: *please register.* Not Approved, To Department Coordinator: *for your information.*

Comments

_____ Date _____ Signature _____ Stamp