KINGDOM OF SAUDI ARABIA
Ministry of Higher Education
KING ABDULAZIZ UNIVERSITY
Faculty of Nursing

المملكة العربية السعودية
وزارة التعليم العالي
جامعة الملك عبد العزيز
كلية التمريض

Application Form for Extension of Scholarship for Female Postgraduate Students

Student information:

National ID Number		University ID Number	Student Name
Academic Grade	College	Major	Degree to be obtained
Expected Date of Obtaining the Degree	End of the Regular Period	Start of Studies	Duration of Scholarship

Justifications of the Student:

Opinion of the Academic Supervisor

Information about the Extension:

	Expected Date of Graduation		Duration Required for Extension
	End of Extension		Start of Extension

Supervisor's Name: Signature:

Opinion of the Vice Dean of the College for Postgraduate Studies and Research:

Vice Dean of the College for Postgraduate Studies and Research

م.صيرفي

Encl. : ..... : المرفقات Date : ..... : التاريخ Ref. : ..... : الرقم

فاكس : ٠٢ ٦٤٠٠٠٠٠/٢٠١٧١
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هاتف : ٠٢ ٦٩٥١٠٥٩
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