

Program Selection Form

Academic Advising Unit
FORM NO -AA-4

Student Section

Student Name:

ID Number:

GPA:

Program Selection

(in the box, put 1 for First choice, 2 for Second choice)

Computer Science

Information Technology

Student Signature:

Date:

Academic Adviser Section

Academic Adviser Opinion

Name and Signature

Date

Department Head Section

Department Head Approval

Yes

No

Reasons in case not approved:

Name and Signature

Date

Dean Approval

Dr. Hisham Al-Saghier

Date