



جامعة الأمير محمد بن فهد
PRINCE MOHAMMAD BIN FAHD UNIVERSITY

Autodate/time: _____
SN# _____

ATTACHED ONE (1)
PASSPORT SIZE
LATEST PICTURE

APPLICATION FOR GRADUATION

► Please print your name EXACTLY as it would appear on the certificate.

► Please submit your application to the Registrar's Office on or before _____.

ID NUMBER

Date of Application: _____

LAST NAME	<input type="text"/>	إسم العائلة	<input type="text"/>
FIRST NAME	<input type="text"/>	إسم الطالبة	<input type="text"/>
MIDDLE NAME	<input type="text"/>	إسم الأب	<input type="text"/>
COLLEGE	<input type="text"/>		
MAJOR	<input type="text"/>		

EXPECTED TERM TO GRADUATE

Fall Semester _____

Spring Semester _____

Summer Semester _____

Personal Information:

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	<input type="text"/>
National/ Iqama Number	<input type="text"/>	Passport No.	<input type="text"/>
Birthdate	<input type="text"/>	Telephone Number	<input type="text"/>
Birthplace	<input type="text"/>		
Zip Code	<input type="text"/>		
Permanent Address	<input type="text"/>		

List of Institutions Previously Attended:

Institution Name	Degree/ Major (if any)	Date of Graduation
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Academic Records:

Total hours for Major	<input type="text"/>
Total earned hours (completed)	<input type="text"/>
Total transferred hours (in case of credit transfer)	<input type="text"/>
Total registered hours (the current semester)	<input type="text"/>
Remaining credit hours before graduation	<input type="text"/>

For Official Use Only (Registrar's Office)

verified	<input type="checkbox"/>
verified	<input type="checkbox"/>
verified	<input type="checkbox"/>
verified	<input type="checkbox"/>
verified	<input type="checkbox"/>

Participation in the Graduation Ceremony:

► Please indicate whether or not you will attend the ceremony

I will attend

I will not attend

Student's Signature: _____

Date: _____

For Official Use Only:

Registrar's Office

Verified and checked by: _____

Signature: _____

Date: _____

(Registration Officer)

Division of Student Affairs

Noted by: _____

Signature: _____

Date: _____

(Dean of Student Affairs)

Copies: Green - Registrar Office Copy
White - Student Copy
Yellow - Career Services



Office of the University Registrar
P.O. Box 1664 Al Khobar
Kingdom of Saudi Arabia 31952
Email: registrar@pmu.edu.sa