FORM NAME: Request for Award of Associate Diploma Degree
FORM NO.: 05-01-02-03-01-01

Student Name: _____ Nationality: _____

University ID Number: _____ National ID / Iqama No.: _____

College: _____ Program: _____

Mobile Number: _____ E-mail: _____

DECLARATION

Peace, mercy, and blessings of Allah be upon you.

I wish to withdraw from the program and obtain an Associate Diploma degree. I also declare that all information provided in this application is correct. Should any information prove to be inaccurate, I agree that my request may be automatically cancelled.

Student Signature: _____ Date: ____ / ____ / 14___ AH

□ The student has completed the requirements for the award of an Associate Diploma degree.

□ The student has not completed the requirements.

Remarks:

Signature of Registration Department: _____

Executive Director	**Chief Executive Officer, Applied College**
Name: _____	Name: Dr. Laffay bin Lafi Al-Sulami
Signature: _____	Signature: _____
Date: ____ / ____ / 14___ AH	Date: ____ / ____ / 14___ AH

Official Stamp