**Template for Reviewing Registered Tables by Students who have failed**

**(Accumulative average of less than 2 and allowed to enroll up to 14 credit hours according to regulations)**

|  |  |
| --- | --- |
| **Notes of the academic advisor on the table registered by the student on the system:** | **Student Name: University Number: Cumulative GPA: Department: Level: Semester: Academic Year:** |
| **Table proposed by the academic advisor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level** | **Credit hours** | **Course Name** | **Course Code** | **Serial No.** |
|  |  |  |  | **1** |
|  |  |  |  | **2** |
|  |  |  |  | **3** |
|  |  |  |  | **4** |
|  |  |  |  | **5** |

 | **Courses registered by the student on the academic systemا**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level** | **Credit hours** | **Course Name** | **Course Code** | **Serial No.** |
|  |  |  |  | **1** |
|  |  |  |  | **2** |
|  |  |  |  | **3** |
|  |  |  |  | **4** |
|  |  |  |  | **5** |

 |
| Number of registered credits by the student on the academic system:Number of units proposed to be registered by the academic advisor:**Name of Academic Advisor: Signature: Date:** | I am the student: University number ( ) hereby declare that I will be committed to the registering courses proposed by my academic advisor as described in this template in the above-mentioned semester and that if I do not comply, I will be fully responsible for any decrease in GPA or time discrepancies between The courses that prohibit their registration and thus graduation delay.**Student Signature:** |

Notes: 1 - If there is a change on the student table registered on the system is filled out form and attached deletion and attached to the Unit of Student Affairs after signing.

               2- A paper copy of this form shall be delivered to the academic guidance unit at the faculty and shall be kept in the scientific section of the student.