

Kingdom of Saudi Arabia

Ministry of Education

Jouf University

College of Science



Student Name:

ID. No.:

Signature:

## Final Exam

Department:	-----	Academic Year:	1445 H	Semester:	1 <sup>st</sup>
Course Title:	-----	Course Code:	-----	Course Level:	----
Exam Date:	-----	Exam Time:	00:00 – 00:00	No. of Question:	--

Course Coordinator: Dr. ....

**Answer the following questions:**

**Question 1: (xx marks) [CLO]**