

## Faculty of Postgraduate Studies (FPGS)

## FORM (11)

## Re-registration

**Date:** / /2017 Student Name: Previous Index: **Program:** ...... **Re-registration Semester:** ( ) Academic year: 20 /20**Signature:** ..... **Finance Affair:** Paid all fees: ..... Remaining tuition fees: ..... Finance Manger Name: ..... **Registrar of PGS:** Freezing duration: ..... New Batch: ..... Board No. of FPGS: **Date:** / /201.... Signature: ..... Dean of the Relevant Faculty Approval: ..... ..... **Signature:** ..... Dean, Faculty of Postgraduate Studies Approval: ..... .....

**Signature:** ..... **Date:** ...../...../......