



Granting an Academic Degree	
<p>Graduate Student Data:</p> <p>Student Name: ..... University ID Number: ..... Nationality: .....</p> <p><b>College:</b> ..... <b>Department:</b> ..... <b>Degree:</b> .....</p> <p>Program Name: .....</p> <p>Academic Path in the Program: <input type="checkbox"/> Courses <input type="checkbox"/> Courses and Dissertation</p> <p>Date of Registration in the Program in the beginning of the <input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester of the academic year 14..... /14..... AH or 20...../20..... AD</p> <p>Academic Achievement:</p> <p>Type of Academic Achievement if any: <input type="checkbox"/> Scientific Award <input type="checkbox"/> Scientific Publication <input type="checkbox"/> Patent <input type="checkbox"/> Other (specify) .....</p>	Filled out by the student
<p>Number of postponed semesters (if any): <input type="checkbox"/> one semester <input type="checkbox"/> two semesters <input type="checkbox"/> three semesters <input type="checkbox"/> four semesters</p> <p>Number of additional opportunity semesters: <input type="checkbox"/> one semester <input type="checkbox"/> two semesters</p> <p>Student's GPA: .....</p> <p>Graduations Semester: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Summer 14.... /14... AH or 20.../20... AD</p>	
<p><b>Recommendation of the Department Council:</b></p> <p>We would like to recommend granting the graduate student /.....</p> <p>Degree: <input type="checkbox"/> Higher Diploma <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Medical Fellowship (Expiration date of graduation requirements / /14 AH corresponding to / /20 AD in.....(The name of the degree identical to the name of the degree in the academic record)</p> <p>Department Head: Name: ..... Signature: ..... Date: / /14 AH corresponding to / /20 AD</p>	
<p><b>Endorsement of the College Dean:</b></p> <p>Name: ..... Signature: ..... Date: / /14 AH corresponding to / /20 AD</p>	
<p><b>Endorsement of the Vice President for Scientific Research and Innovation:</b></p> <p>Name: ..... Signature: ..... Date: / /14 AH corresponding to / /20 AD</p>	

**Attachments:**

- A copy of the student's academic record
- Pledge to amend the issuance of a graduation document from Imam Abdulrahman bin Faisal University
- In the event that there is an additional opportunity, attach a copy of the decision
- Report of the Discussion and Judgment Committee and Ijazah page according to Form No. D.P. (17) (thesis path only)
- The supervisor's letter includes completing the amendments to the thesis (in the event that the committee recommends saying the thesis with making the amendments without discussing it again). (Thesis path only)
- Proof of receipt of scientific theses in the library of Imam Abdul Rahman bin Faisal University.
- Proof of any journal publication, either published, approved or under review for publication
- A copy of the final exam results (for medical fellowships only)

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**Pledge to Amend the Data for Issuing a Graduation Document  
from Imam Abdulrahman bin Faisal University**

How to Modify Data in the Student Information System

**First: Name Data**

For Saudi Students: The Quadruple Name in Arabic (Example: the first name bin/bint, the father's name, the grandfather's name, the family name) according to the spelling of the official documents	<b>a) Name in Arabic</b>
For non-Saudi Students: The Name in Arabic as Written in the Passports (Example: first name, father's name, grandfather's name, family name)	
For Saudi Students: the name in English identical to the new national ID or passport, or identical to the name in the Abshir system (First Name            Father Name            First letter of Grand Father            Name Family Name : EX)	<b>b) Name in English</b>
For non-Saudi Students: The Name in English as Written in the Passport (First Name            Father Name            Grand Father Name            Family Name : EX)	

**Second: Birthday**

For Saudi students: according to official documents	<b>a) Birthday in Hijri</b>
For non-Saudi students: The student must convert the date to Hijri according to the date of birth in Gregorian	
For Saudi students: identical to the new national ID or passport, or that is included in the Abshir system	<b>b) Birthday in Gregorian</b>
For non-Saudi students: according to the passport	

**Third Civil ID Number:**

For Saudi students: the national identity number in the status card
For non-Saudi students: the residence number in the resident ID card
<b>Notes:</b> 1- The student must take into account that the writing of the name is spelled correctly, according to the official documents 2- If there is a discrepancy between the data and the required one, the application will be rejected, and the student must amend the data and resubmit the application

**Pledge**

c I, the undersigned, pledge that I have completed updating all my data in the student records system as required, in accordance with official documents, and I will not demand any modification to this data later. Note: (Any amendment to the data mentioned above after the issuance of the document will be subject to financial fees)
c I, the undersigned, pledge that my data in the student records system are correct and do not require any update. (If the data in the student records system is correct, a request to amend the data will not be submitted)
Student Name: ..... Signature: .....
Approval of the Head of Department / Name: ..... Signature: .....
This form is to be attached to the degree awarding application for the Deanship of Graduate Studies

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جامعة الإمام عبد الرحمن بن فيصل  
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY  
— عمادة الدراسات العليا —  
Deanship of Graduate Studies

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This waiver will be submitted by the candidate/student/faculty member in accordance with the following specified form, and this waiver will be deemed a non-exclusive license to Imam Abdulrahman bin Faisal University, and this form must be submitted with a copy of the approved final work.

**Name:** .....

**Occupation:** .....

**Supervisor Name(s):** .....

**College, department, division:** .....

**Title of thesis/scientific work submitted and approved by the Graduate Studies  
Deanship Council and the Research Committee:**

.....

**Level of work submitted (PhD, MA, BA, other):** .....

**The degree to be awarded (if any):** .....

**Date of publication and registration (if any):** .....

**Author contact information:** .....

**Address:** .....

**Cellphone:** .....

**E-mail:** .....

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Researcher's signature/ .....

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