



King Fahd University of Petroleum & Minerals

Deanship of Student Affairs

Employment & Training

Training Postponement Form

Declaration for Student Postponed Training

COOP

Summer

Student Info.

Name <input style="width:300px;" type="text"/>			KFUPM ID <input style="width:100px;" type="text"/>			Major <input style="width:100px;" type="text"/>			
Hours Earned <input style="width:50px;" type="text"/>	Hours Registered <input style="width:50px;" type="text"/>	Hours Remaining <input style="width:50px;" type="text"/>	CGPA <input style="width:100px;" type="text"/>			MGPA <input style="width:100px;" type="text"/>			
Courses Before Training					Courses After Training				
Term Number <input style="width:50px;" type="text"/>			Term Number <input style="width:50px;" type="text"/>			Term Number <input style="width:50px;" type="text"/>			
Course Code and Number		CH	Course Code and Number		CH	Course Code and Number		CH	
<input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:30px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/>	<input style="width:30px;" type="text"/>	
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Total of Hours <input style="width:50px;" type="text"/>			Total of Hours <input style="width:50px;" type="text"/>			Total of Hours <input style="width:50px;" type="text"/>			
Student Comment <input style="width:900px; height:40px;" type="text"/>									

Academic Advisor

Comments

Recommended Not Recommended _____ Date _____ Signature _____

Training Coordinator

Comments

Recommended Not Recommended _____ Date _____ Signature _____

Dept. Chairman

Comments

Recommended Not Recommended _____ Date _____ Signature _____

Student Declaration

I declare that I will follow the above plan and will not delay training for the last term.

_____ Date _____ Signature _____