

KING FAHD UNIVERSITY OF PETROLEUM & MINERALS  
DHAHRAN, SAUDI ARABIA

DEANSHIP OF GRADUATE STUDIES

*This form is to be filled by the student's advisor / course instructor*

**ACADEMIC PETITION**

STUDENT'S NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ID: \_\_\_\_\_ MOBILE: \_\_\_\_\_

*Requested Academic Action:*

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*Justification:*

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**Advisor / Course Instructor**

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**Department Chairman**

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**Dean of Graduate Studies**

ORIGINAL : To the Office of Registrar for appropriate action  
COPY : To Student's file