

KING FAHD UNIVERSITY OF PETROLEUM & MINERALS  
DHAHRAN, SAUDI ARABIA

DEANSHIP OF GRADUATE STUDIES

Date: \_\_\_\_\_

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

ACADEMIC PETITION

Student's Name: \_\_\_\_\_ ID # \_\_\_\_\_

Department: \_\_\_\_\_

Academic Action Requested:

Justification:

APPROVAL:

Advisor/Course Instructor

Department Chairman

Dean of Graduate Studies

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