ME Summer Training Check List  (ME-399)

To be filled by the student under the supervision of his academic advisor.

Name: __________________________
Family Name: ______________________
First Name: ________________________

ID: 2 0 0

GPA:
Cumulative GPA: __________
Major GPA: __________

Credit Hours:
Completed: ________
Registered: ________
Remaining: ________

Expected Graduation Term:

Yes ☐ No ☐

Completed All Required Level 1 Courses:
Yes ☐ No ☐

Completed All Required Level 2 Courses:
Yes ☐ No ☐

Completed the following Required University and Departmental Courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Term</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>English 214</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommend student to go for Summer Training
☐ Based on a petition for low GPA (< 2.0)
☐ Based on a petition for course requirements

Yes ☐ No ☐

Advisor’s Name: __________________________
Signature: __________________________

Date: (dd) (mm) (yyyy)

Department Stamp

The following is to be filled by the ME Summer Training Coordinator:

The student is eligible for ME Summer Training:
Yes ☐ No ☐

ME Summer Training Coordinator: Dr. Salem Bashmal
Signature: