



**Al Maaref University**  
**Petition Form (AD)**

ial No: \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT** *(Meet with your Advisor before filling the petition)*

**Name:** \_\_\_\_\_  
                                     First                                            Middle                                            Last

**Student's ID :** \_\_\_\_\_ **Phone/ Mobile No. :** \_\_\_\_\_  
**Student's Major:** \_\_\_\_\_ **Current Faculty :** \_\_\_\_\_  
**Academic Semester:** \_\_\_\_ **Fall** \_\_\_\_ **Spring;** \_\_\_\_ **Summer Academic Year:** \_\_\_\_\_

**SUBJECT OF PETITION** *(each petition deals with ONE subject, documents submitted in support of your petition will not be returned)*

**I need to:** \_\_\_\_\_  
**Reason:** \_\_\_\_\_  
 \_\_\_\_\_  
**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY THE REGISTRAR**

**Type of petition:** \_\_\_\_\_  
**Opinion:** \_\_\_\_\_  
**Attachments:** \_\_\_\_\_  
**Registrar's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY SAO DIRECTOR**

**Director's Decision:**     **Approved**         **Rejected**         **Other:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
**Copy to:**    1: \_\_\_\_\_                                              2: \_\_\_\_\_                                              3: \_\_\_\_\_  
**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_