American University of Madaba

Deanship of Scientific Research and Graduate Studies



الجامعة الأميركية في مادبا عمادة البحث العلمي والدراسات العليا

Comprehensive Exam Application Form

To be completed by t	he Student				
Academic Semeste	er and Year	☐ Fall	☐ Spring	☐ Summer	202 / 202
Program Name					
Department					
Student's Name:					
Student's ID:					
Mobile Numb					
Comprehensive Exam	n Details		0111-0	Y	
Date of the Exam		Student Signature			
Time of the Exam			Date		
For Official U	<u>Jse</u>				
Total Earned Credit Hours					
Completion semester for all courses					
Academic Year					
Cumulative Grade A	verage				
Is the student registered for the current semester				Yes _	NO 🗌
Did the student sit for the exam before and Failed				Yes _	NO 🗌
Did the student successfully fulfill English Language requirements				Yes 🗆	No □
Number of semester	s spent at th				
Is the student have the right to sit for the exam				Yes 🗆	NO 🗆
Postponed Semesters				Semester (Semester () Year) Year
Withdrawal semesters				Semester (Semester () Year) Year
Entered By					
Signature			Date		
Registrar Genera	al Signature	e	Dat	e:	

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Date



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- The student is allowed to sit for the Comprehensive Exam after completing the required credit hours (33 C.H) for the program curricula, with a minimum Cumulative Grade Average (CGA) of 75%.
- The student has to submit this form after signing it from the registration to the Head of Department two weeks at least before the date of the comprehensive exam.
- The academic Dep. attaches this form with the list of students who will sit for the exam.

Date of submission to the Head of academic Den

Date of Submission to the field of adducting Dop		
Head of Department Signature		
Date		
Dean of Graduate Studies Approval		
Signature and Stamp		