

PERMISSION FOR ARABIC SUBSTITUTION FOR ELIGIBLE STUDENTS ONLY

Student ID:

PERSONAL INFORMATION

I, the undersigned:
First Name Middle Name Family Name

Mobile No.: LAU Email:

request to be allowed to substitute arabic requirement(s) based on the attached document(s).

Student's Signature:

Date:
Day Month Year

TO BE COMPLETED BY THE ADMISSION 'S OFFICE

Approved Rejected

Signature:

Date:
Day Month Year

TO BE COMPLETED BY THE REGISTRAR' S OFFICE

Processed by:

Signature:

Date:
Day Month Year