**Program Selection Form**

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| Student Section |

|  |  |
| --- | --- |
| **Student Name:** |  |
| **ID Number:** |  |
| **GPA:** |  |

**Program Selection****(in the box, put 1 for First choice, 2 for Second choice)**[ ]  Computer Science [ ]  Information Technology

|  |  |
| --- | --- |
| **Student Signature:** |  |
| **Date:** |  |

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| Academic Adviser Section | **Academic Adviser Opinion**

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| --- | --- |
| **Name and Signature** | **Date** |

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| Department Head Section | **Department Head Approval**

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| --- |
| [ ]  **Yes** |
| [ ]  **No** |
| **Reasons in case not approved:** |

|  |  |
| --- | --- |
| **Name and Signature** | **Date** |

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| Dean Approval |

|  |  |
| --- | --- |
| **Dr. Hisham Al-Saghier** | **Date** |

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