Kingdom of Saudi Arabia Ministry of Higher Education Majmaah University College of Computer & Information Sciences



المملكة العربية السعودية وزارة التعليم العالي جامعة المجمعة كلية علوم الحاسب والمعلومات

## **ENROLLMENT FORM**

Academic Advising Unit FORM NO -AA-2

First Name	Name Father's Name Last Name Student ID				nt ID						
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Semester:		Program:  □ CE □ CS □ IT □ IS									
201/201 143/143					Majo	r:					
Gender: ☐ Male			□Female		,						
Course ID		Section		Course Name				Add/Drop/ Withdraw			it 's
						Total					
	honorable in conform	and proper way, and proper way, and ity with the spirit	a student of CCIS on t nd that I will abide by the of the honor system, wh ity of the honor system.	rules of the fac	ulty and a	II regulation	s of the c	ollege;	and co	nduct my	/self
Student Signature :					Date : //						
Advisor Signature:					Date :/						
	IN CASE OF AN EMERGENCY, CONTACT (PARENT, GUAR NAME: RELA' HOME PHONE NUMBER: BUSIN								ATI\	/E:	

**Enrollment Form** 

Last Revised: Monday February 22<sup>nd</sup>, 2016