**Zarqa University Admission and registration unit**

**Alternative course**

Respected the Faculty of nursing Dean ……………………………………………………………

Peace be upon you and God’s mercy and blessings be upon you,

I am …………………………………………. Student and my University ID: ……………………

Name of the Faculty: …………………………………………. Specialization: ……………............

Please kindly agree to give me an alternative course for the course of ………………….. and it is number is :…………………………………

For the purpose of completing the graduation requirements, given that I expected to graduate at the end of the semester ( ) for the academic year /

1……………………………………………………………..

2……………………………………………………………..

3……………………………………………………………..

4………………………………………………………………

5……………………………………………………………….

**Accept my respect**

Student signature:

Date: / /

Department head recommendation:……..………. Signature: ……………………….. Date: …………

Faculty Dean Decision:

Agree

Not agree

And this course …………………………………………….with the number …………………… Considered an alternative course for …………………………………. With the number ………………………………. For graduation purposes.

Faculty Dean signature: ………………………………..

Date: ………………………………………………

To use the admission and registration unit

Explanation of the Registrar General:…………………………………………………………………………………

Explanation of the Faculty Recorder:…………………………………………………………………………………