

إدارة الدراسات العليا والتدريب - جامعة علوم الشريعة



TRANSCRIPT

The Faculty of _____ University of Sharia Sciences hereby certifies that Mr/Ms. _____
_____, born on / / , had passed complementary courses as a condition to
enrol on the graduate Master Degree program in the department of _____.

Below is a list of complementary courses he/she studied and grades achieved.

Semester	Academic year	Course code	Course title	Credit	Mark (%)	Grade	Attempts No.

(excellent: 85% to 100%; very good: 75% to < 85%; good: 65% to <75%; pass: 50% to <65%)

Dr. _____
Coordinator of Graduate Studies in
the department

Dr. _____
Head of Studies and Examination in the
Faculty

Dr. _____
Dean of the Faculty

Dr. _____
Head of Graduate Studies and Training
Adminastriation in the University

..... Date: / / .

