Review Request Notice Form

Student Name:	University ID:	Major:

God's mercy, peace, and blessings be upon you.

A mention of the document that was submitted against you, which states that you ----------

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We compel you to evaluate the office ---------- day ---------- date at precisely

14:45 AH (:).

In the case that you are not present, you will forfeit your right to speak and your chance to defend yourself. You will face disciplinary action when you are not present, just for the record.

completed at -----/--------/1445 A.H.

Best Wishes

Dean of Student Affairs

The student is acquainted with the review. **Student's Signature:** **Date:**