



**Sultan Qaboos University**  
**College of Engineering**  
 Office of Assistant Dean for Student Academic Affairs

**Recommended Semester Course Load**

**Student's Name :**

**ID Number :**

**Department :**

The student has been advised to take the following courses during  
 semester:

Seq.	Course Code	Course Title
1		
2		
3		
4		
5		
6		

**Advisor's Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature :** \_\_\_\_\_

**Student's Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Signature :** \_\_\_\_\_