

Academic Program Description Form

University Name:AL Safaw university college

Faculty/Institute:LAW.....

Scientific Department:LAW.....

Academic or Professional Program Name:

Final Certificate Name:

Academic System:

Description Preparation Date: 3/16/2024

File Completion Date: 3/14/2024

Signature:

Head of Department Name:

Date:

32/3/2024

الإستاذ المساعد الدكتور
محمد عبد الرزاق محمد الشونك

Signature:

Scientific Associate Name:

Date:

Prof. Dr. Haider Galil Karim

The file is checked by:

Department of Quality Assurance and University Performance

Director of the Quality Assurance and University Performance Department:

Date:

Signature:



M. F. El-Bermi
Approval of the Dean
Muhsin F. EL- Bermi