



Petition of the Student

Student Information:

AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

AUA E-mail: _____

Last Name

Required Course Information

Term/ Semester	Year	Subject Code	Course Number	Course Title	College/School
Fall					CHSS CBE
Spring					ACE SPH
Summer					CSE

Request (attach a second page if you need additional space):

First Name

Reason (attach a second page if you need additional space):

AUA ID

Signature

Date (mm/dd/yyyy)

This form does not always require all the signatures to the right. Some petitions may need the approvals of specific individuals. The final decision will be based on the merits of the petition and AUA policy. Please check with the Office of the Registrar for the appropriate signatures for your petition.

Signatures Required:

Approved Instructor _____

Denied Signature _____

Approved Dept. Chair _____

Denied Signature _____

Approved College/School Dean _____

Denied Signature _____

For Office Use Only

Petition approved _____
Petition Denied _____
Registrar Date

Office of the Registrar

Comments: _____