



# Cross-Program Registration

**Student Information:** AUA ID: \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**AUA E-mail:** \_\_\_\_\_

**Semester/Term you want to take the course in:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Degree Program:** \_\_\_\_\_ **Cumulative GPA:** \_\_\_\_\_

**Number of Credits Enrolled in for the present semester/term:** \_\_\_\_\_ **Number of Credits Completed:** \_\_\_\_\_

Last Name

First Name

## Enrollment Information

**Term:** Fall Spring Summer **Year:** \_\_\_\_\_

CRN	Subject Code	Course Number	Course Title	Units	Section

AUA ID

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Permissions

Student's Degree Program Chair or Dean	Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Note Reason		
Other Program Chair or Dean	Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Note Reason		

Office of the Registrar