



Petition for Readmission to the University

Implementation Date: _____

Student Information:			AUA ID: _____	Full
Name: _____				
Last Name	First Name	Middle Name		
Cell Phone: _____		Home Phone: _____		
AUA E-mail: _____				

First Term/Semester of Study:	Fall	Spring	Summer	
Degree/Certificate Program:				Total # of Credits Completed: _____
				Cumulative GPA: _____
				Year: _____

Last Name

First Name

Please indicate the reason(s) why you are requesting readmission to your course of study at AUA:

AUA ID

I understand that I must apply to the academic program for readmission **at least 3 weeks** before the start of the registration period of the semester for which readmission is requested. I also understand that *readmission is not guaranteed*, but is at the discretion of the academic program upon assessment of: (a) my prior academic performance at AUA, and (b) the availability of space and courses offered during the term for which readmission is requested.

Signature _____

Date _____

For Office Use Only

Petition Approved Semester Effective _____

Petition Denied. Please include reason in space below:

Program Chair Signature _____ Date _____

Office of the Registrar

Registrar Signature _____ Date _____