

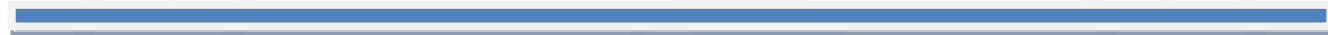


American University of Armenia Registration Form-Undergraduate Students

Student Data	Last Name:		First Name:		AUA ID:	
	Home phone number: (____)-_____		Personal email address:			
	Cell phone number: 0____-_____		AUA email address:			
	Street Address:					
	City:		Marz/State:		Country:	

Last Name

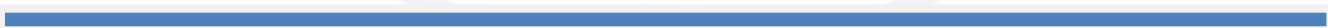
Degree Objective:	Term: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
-------------------	---	-------



Course Information	Course Code:	Subject Code:	Course Title:	Credits:	Section:	ADD or DROP

First Name

Total number of credits registered for:	
---	--



Advisor's/Program Chair's signature:	Date Signed:
--------------------------------------	--------------

AUA ID



	Please explain why you are not registering online for these courses:

Student's Signature	Date
---------------------	------