



Cross-Program Registration

Student Information: AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ **Home Phone:** _____

AUA E-mail: _____

Semester/Term: _____ **Year:** _____

Degree Program:

CS	CIS	FTMBA	MPSIA	CTR	Degree Credits enrolled in this term: _____
EC	IESM	PMBA	LLM	CTEFL	Cumulative GPA: _____
BUS	MPH	MSE	MA TEFL		

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