

## Petition of the Student

Full Name:Last Name Cell Phone:	, (6, (1.5	):	
Last Name			
Cell Phone:	First Name	Middle Name	
Out 1101101	Home Phone:		Last Name
AUA E-mail:	TERSIT		
Required Course Information	V I-IMOT I	000	
Term/ Year Subject Course Semester Code Number	Course Title	1	College/School
Fall Code Number			CHSS CBE
Spring			
Summer			CSE
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