



Registration Form for Retaking Courses

Student Information:

AUA ID: _____

Full Name: _____

Last Name

First Name

Middle Name

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Spring Summer Fall

Year

Degree Program

Last Name

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CRN	Subject Code	Course Number	Course Title	Credits	Section

First Name

AUA ID

Total number of credits you are registering to retake: _____

I _____ understand that:

All payments of AUA tuition and fees must be up to date and paid in full at the time of registration.

I also understand that for retaking these credits _____ AMD will be added to my tuition dues. I need to pay this amount by the end of the _____ term of the year _____.

Signature

Date (mm/dd/yyyy)

For Office Use Only

Processed By: _____

Date: _____

Office of the Registrar
