

## **Credit Overload Petition**

Student Information:				AUA ID:			
Full Name:  Last Name  Cell Phone:				First Name Middle Name			_
							Last Name
NIVERSITE							ē
				The state of the s	0/	<b>S</b>	-
Degree Objective:				_ First Semester of Study:	Cumulativ	Cumulative GPA:	
Semester/Term:Year:							
<u>_</u>		Q-/				27	
l here	eby petitio			o the courses I registered for, in the	following course(s	during the	
	, 20 sem			mester/term:		12	
	CRN	Subject Code	Course Number	Course Title	Credits	Section	First Name
		1					ame
		A					
Max	kimum Nui	mber of Cr	edits by dec	iree:			
L.L.	M: 9 MS	E: 9 PMI	BA: 11 All	other programs: 18			AUA ID
lund	lerstand th	at I need t	he approval	of the Program Chair. I also unders	tand that, if my pe	tition is appro	
l will	need to pa	ay an addit	ional tuition	fee ofAMD for the	above mentioned	course(s).	
		TO.				20	
Stud	lent Signatu	ire		Date			
App	rovals		45	Co	omments:	100	
Pe	etition appro	oved with G	ood Cause	Petition Denied	omments		
				- Of June 30'-			
Signa	ature of Prog	ram Chair		Date			
For	Office Use	Only			Offi	Office of the Registrar	
Proc	essed by		 Da	te			