



Registration Form-UGRAD

Student Information:

AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

AUA E-mail: _____

Degree Objective: _____ Semester/Term: _____ Year: _____
BUS Eng. & Com. Comp. Sc. Fall Spring Summer

Last Name

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CRN	Subject Code	Course Number	Course Title	Credits	Section

First Name

Total number of credits registered for: _____

Program Chair/Advisor's Signature Date (mm/dd/yyyy)

AUA ID

I _____ understand that:

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

Registration will be denied if there is an outstanding balance on the student's account. Registration will be cancelled if payments have not been made on time.

Students who are not in Good Academic Standing (Cumulative GPA of 2.0 or more) after the current semester are subject to be put on Academic Probation and will lose all Financial Aid.

Signature Date (mm/dd/yyyy)

For Office Use Only

Processed By: _____ Date: _____

Waitlist Time Recieved: _____

Office of the Registrar
