



Credit Overload Petition

Student Information Full Name: Last Name			1	AUA ID: First Name Middle Name			П
			Fir				Last
Cel	l Phone:			Home Phone:			Last Name
Δ	IIΔ F-mail·						
AUA E-mail: Degree Program:			1. 10.	First Semester of Study: Cumulative GPA:		Δ.	
Degree : rogium.				inst semester of study	Cumulative GP	Α	
Se	mester/Term:	0	Year:	<u>-</u>			
							_
here	-		addition to the co semeste	urses I registered for, in the followi r/term:	ing course(s) during th	ie 7	
	CRN	Subject Code	Course Number	Course Title	Credits	Section	First Name
							ne
						N.	
		1					
		-25					
			dits by degree:				
				nm/policy/127) to determine the stand			AUA ID
				rogram Chair. I also understand tha	at, if my petition is ap	proved, I	
will n	eed to pay a	n addition	al tuition fee of	AMD for the above	e mentioned course(s	. 67	
		TIP.				$\geq I$	
Stud	ent Signature	5/		Date		× //	
Аррі	ovals	The same of the sa	30	Cor	mments:	ALC: NO.	
Pet	ition approve	d with Goo	d Cause	Petition Denied	illilents.		
				- of Judgar-	"		
Signa	ture of Program	n Chair/Dean		Date			
or O	ffice Use Onl	/y			Office of t	he Registrar	
	essed by		 				

AUA Office of the Registrar

Room 304M, Main Building

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