



Non-Degree Student Registration

Student In								
	formatio	n:				AUA ID	D:	
ull Name:	:							
	Last Na	me	First Name	ı	Middle Na	me		
Cell Phone	e:		Home Phone:	The	E-mail A	ddress:		
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	Course(s Subject) you wish to re Course	egister for: Course Title	Credits	Section	Approved/	Instructor's Signature	5.
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CRN	Subject Code	Course Number	Course Title	Credits	Section	Approved/ Declined*	Instructor's Signature	Date
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Program (10	ature:		Approved Declined*		Declined Date:		
*Please no	10		Course Title		Section		Instructor's Signature	Date
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Please no	Subject Code	n for Decline:		Declined	Section	Approved/ Declined* Approved Declined	Instructor's Signature	Date
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