



# Petition for Readmission to the University

Implementation Date: \_\_\_\_\_

<b>Student Information:</b>				AUA ID: _____	
Full Name: _____					
Last Name		First Name		Middle Name	
Cell Phone: _____			Home Phone: _____		
AUA E-mail: _____					
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First Term/Semester of Study:		Fall	Spring	Summer	
Degree Level and Program:				Total # of Credits Completed: _____	
UGRAD	GRAD				
BUS	LL.M	MSE	ME IESM		
BA E&C	MPSIA	PMBA	MS CIS		
BS CS	MA TEFL	MBA	MPH		
				Cumulative GPA: _____	
				Year: _____	

Last Name

First Name

Please indicate the reason(s) why you are requesting readmission to your course of study at AUA:

AUA ID

I understand that I must apply to the academic program for readmission **at least 3 weeks** before the start of the registration period of the semester for which readmission is requested. I also understand that *readmission is not guaranteed*, but is at the discretion of the academic program upon assessment of: (a) my prior academic performance at AUA, and (b) the availability of space and courses offered during the term for which readmission is requested.

Signature

Date

**For Office Use Only**

Petition Approved Semester Effective \_\_\_\_\_

Petition Denied. *Please include reason in space below:*

Program Chair Signature

Date

Office of the Registrar

Registrar Signature

Date