
Last Name, First Name, Middle Name

SONIS ID number

Telephone Number

Email Address

Street Address

City

State/Country

Zip Code

Degree Program Enrolled in at AUA

Fall Spring Summer _____
First Term and Year of Study at AUA

I hereby petition to transfer the following courses toward my AUA degree:

Course Title	Institution the course was taken at	Term & Academic year course was taken	Total duration of the course in hours	Credits attributed to the course at the institution	Course description is attached	Official transcript is attached	In what capacity did you complete this course? (regular, distance learning, summer course, etc.)	Are/were these courses applied toward a degree at the given institution?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Signature

Date Signed