



# American University of Armenia

## Petition for Credit Transfer

\_\_\_\_\_  
Last Name, First Name, Middle Name

\_\_\_\_\_  
AUA ID Number

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Country

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
 Fall  Spring  Summer

\_\_\_\_\_  
Degree Program enrolled in at AUA

\_\_\_\_\_  
First Term and Year of study at AUA

\_\_\_\_\_  
Cum. GPA at AUA

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

Course title	Institution the course was taken at:	Term and Academic Year during which the course was taken	Total Duration of the Course in Hours	Credits attributed to course at the institution	Course description is attached	Official Transcript is attached	In what capacity did you complete this course? (regular student, distance learning student, 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