



Petition for Part-Time Study

Implementation Date: _____

Student Information:

AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

AUA E-mail: _____

First Term/Semester of Study: Fall Spring Summer Year: _____

Degree Level and Program:

UGRAD	GRAD		
BUS	LL.M	MSE	ME IESM
BA E&C	MPSIA	PMBA	MS CIS
BS CS	MA TEFL	MBA	MPH

Total # of Credits Completed: _____

Cumulative GPA: _____

Year: _____

I hereby apply for part-time status for the Fall Spring semester of the academic year _____.

I would like to enroll in the following courses *only*:

CRN	Subject Code	Course Number	Course Title	Credits

I understand that I need the approval of the Program Chair. I also understand that if my petition is approved, I will have to sign an amendment to my Education Contract and pay the tuition amount indicated on the Amendment.

I understand that Financial Aid is not offered to Part-Time students and any Financial Aid I currently receive will be suspended while I study part-time.

Signature _____

Date _____

For Office Use Only:

Petition Approved with Good Cause

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

Program Chair Signature _____

Date _____

Office of the Registrar

Last Name

First Name

AUA ID