



# American University of Ras Al Khaimah

## Course Request form (Add/Drop Classes)

Student ID	Student Name
Mobile	AURAK Email

Add a class       Fall \_\_\_\_\_       Spring \_\_\_\_\_       Summer \_\_\_\_\_

Course Number	Subject	Days/ Time	Credits	Instructor Signature

Drop a class       Fall \_\_\_\_\_       Spring \_\_\_\_\_       Summer \_\_\_\_\_

Course Number	Subject	Days/ Time	Credits	Instructor Signature

Student's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this form along with the completed signatures to the office of the registrar*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of the Registrar**