



American University of Ras Al Khaimah

Course Request Form

Student ID	Student Name	Term
		<input type="checkbox"/> Fall 20__
Major	AURAK Email	<input type="checkbox"/> Spring 20__
		<input type="checkbox"/> Summer 20__

<u>Course Code</u>	<u>Day/Time</u>	<u>Credits</u>	<u>Course Method</u> (lecture/lab)

Student's Signature : _____ Date: _____

Advisor's Signature : _____ Date: _____

PLEASE SUBMIT THIS FORM TO THE REGISTRAR'S OFFICE AFTER COMPLETION

Received by : _____ Date: _____

Office of the Registrar