



Request to register 18 or 19 credits

For the Fall Spring Term of Academic Year 200_ - 200_

Student information	
Name:	ID number:
Major: <input type="checkbox"/> ArD <input type="checkbox"/> CE <input type="checkbox"/> CCE <input type="checkbox"/> ECE <input type="checkbox"/> GD <input type="checkbox"/> ME	Email: _____@aub.edu.lb
Cumulative average: _____/100	Last semester average: _____/100
Number of credits you intend to take during term specified at the top of this form: <input type="checkbox"/> 18 <input type="checkbox"/> 19	
Reason for overload: <input type="checkbox"/> To repeat the course _____ <input type="checkbox"/> To improve my grade in the course _____ ; my previous grade was _____ <input type="checkbox"/> To complete a minor in _____ <input type="checkbox"/> Other. Please explain _____ _____	
<u>For CCE and ECE students attach a copy of transcript</u>	
Signature _____	Date _____

Advisor's recommendation	
Advisor's Name: _____	
<input type="checkbox"/> The student is allowed to take <input type="checkbox"/> 18 <input type="checkbox"/> 19 credits during the term indicated at the top of this form. <input type="checkbox"/> The student is advised not to register for more than 17 credits during the term indicated at the top of this form.	
Signature _____	Date _____
Chairperson's approval	
Signature _____	Date _____