Form code: AA/ADM/112



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Student Ident	ification								
Last Name									
First Name									
Address									
Postal code									
Date of birth									
Date expected f	for								
graduation									
Home institution	on's Name	2							
Courses to be	taken at	t AU	I						
COURSE CR. COURSE TIT		ITLE		Year Session (√)					
CODE	CODE			Fall			,		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
* CR: Credit hours o		used a	as replacement for course	es in case of n	on-availab	ility or th	e closure	of th	ne course)
COURSE	RSE CR. COURSE TITLE		Ye	Year Session (✓)					
CODE	CODE CK. COCKSE TITLE		Fall	Sprin		Summer			
1									
2									
3									
4									
Date			Student's Full N	ame	Signature				
The			RIZATION OF THE herein is in good standing				raaa ahaa		
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