FACULTY OF ARTS & SCIENCES

PETITION FORM

Appropriate Committee: ☐ ADMINISTRATIVE ☐ CURRICULUM ☐ GRADUATE

Name: _____ Student №: _____
(Family) (First)
E-mail: _____ @aub.edu.lb
Class & Major: _____ Box №: _____
Subject: _____ Date: _____

BRIEFLY EXPLAIN YOUR REQUEST WITHIN THE ASSIGNED SPACE:
(Transcript and relevant documents should be attached)

_____ Student's Signature: _____

ADVISER'S COMMENT:

Date: _____ Adviser's Name: _____ Adviser's Signature: _____

INSTRUCTOR'S &/or CHAIRMAN'S COMMENT:

Date: _____ Instructor's Name: _____ Instructor's Signature: _____
Date: _____ Chairman's Name: _____ Chairman's Signature: _____

COMMITTEE'S DECISION:

☐ ACCEPTED ☐ DECLINED

Authorized Signature: _____
Date: _____