



The American University of Rome
Rome Center

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STUDENT _____
LAST NAME FIRST NAME

Semester _____ 20 _____ check only one _____ Add only
_____ Drop only
_____ Add & Drop
_____ Change grade Type

COMPLETE FOR ADD

_____ Professor's name
Course Name

COMPLETE FOR DROP

_____ Professor's name
Course Name

STUDENT'S SIGNATURE _____ DATE _____

PROVOST'S SIGNATURE _____ DATE _____

REGISTRAR'S SIGNATURE _____ DATE _____