COMPUTER SCIENCE DEPARTMENT
PETITION FORM

Name: _____ ID. No.: _____
(Family) (First Name)

Class: _____ Major: _____ Box#: _____

Subject: _____

E-mail: _____@ aub.edu.lb Course that you need to take[1]: _____

Prerequisite to override: _____

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

Student's Signature: _____ **Date:** _____

Chairman's Comment:

Chairman's Signature: _____ **Date:** _____

[1] You need a petition for every course