



## Visiting Student Course Selection Form

AUD ID NUMBER \_\_\_\_\_

I the undersigned, \_\_\_\_\_ understand that the transferability or articulation of all courses taken at AUD during the \_\_\_\_\_ semester back to my home institution is my responsibility and not the responsibility of The American University in Dubai.

The courses I have selected are:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

5.) \_\_\_\_\_

6.) \_\_\_\_\_

I also confirm that I have completed the required equivalent AUD pre-requisite(s) for each of the courses listed above to enable me to succeed in the selected courses and to receive transferable credit at my home institution if applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date