



جامعة أبوظبي
ABU DHABI UNIVERSITY

Pre Approval Form (For taking courses at another academic institution)

Student's Name:	College/Major:
ID Number:	Contact Number:

I would like to take the following course at _____ during the _____ Semester:

The Other Institution			Abu Dhabi University		
Course Code	Course Title	# of credits	Course Code	Course Title	# of credits

- Have you taken this course in ADU? ___ yes ___ no
- If **yes**, what is your grade in this course? _____
- Are you a graduating student? ___ yes ___ no

Please explain in the space provided the reasons you want to take this course at another institution:

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_____ **Student's Signature**

_____ **Date**

Office of the Registrar

- Is the student graduating? ___ yes ___ no
- If the student is graduating, has the course been taken at ADU with a W or a WA grade? ___ yes ___ no
- Does the course have previously approved equivalency in ADU? ___ yes ___ no
If **no**, course syllabus is required to be forwarded to the College for assessment.

Decision: _____ Rejected
_____ May be eligible (request to be forwarded to the college with course syllabus, if any)

Dean's Office

Decision: _____ Approved
_____ Not Approved

Rationale:

Academic Advisor's Name: _____ Academic Advisor's Signature: _____ Date: _____

Dean's Name: _____ Dean's Signature: _____ Date: _____

Office of the Registrar's Use Only

Student Informed by _____ on _____

Letter, if any, issued on _____ received by the student on _____