



FINAL TRANSCRIPT AGREEMENT

STUDENT'S NAME _____

ID _____ **SEMESTER** _____

Please read carefully before you sign

I understand that I am allowed to register for classes at AUD on the condition that an official transcript will be submitted within the first term of my enrollment reflecting a min. CGPA of 2.0 on a 4.0 scale or equivalent.

The university reserves the right to apply the following consequences if the above is not met:

- I will not be able to receive an AUD transcript.
- I will be dismissed from AUD.
- I will lose the entire amount of fees paid.

I fully understand my responsibility and agree to the terms listed above.

STUDENT'S SIGNATURE

ADMISSIONS COORDINATOR'S SIGNATURE