AMERICAN UNIVERSITY
Summer Transition Enrichment Program (STEP)
2012 Enrollment Form

I. Personal Data
Please print your information legibly in the space below.

Name: _____
(FIRST) (MIDDLE) (LAST)

Date of Birth: **(mm/dd/yyyy)** _____/_____/_____

Gender: **(circle one)** M / F / Other: _____

T-Shirt Size: **(circle one)** S / M / L / XL / XXL / Other_____

AU ID Number: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone: ( ) _____ **Cell Phone:** ( ) _____

Fax Number: ( ) **E-mail Address:**

II. Emergency Information
Please provide the information for two contacts in case of emergency.

Name: _____ **Telephone:** ( ) _____

Relationship to Student: _____

Name: _____ **Telephone:** ( ) _____

Relationship to Student: _____

Pre-existing Health Concerns: _____

III. Academic / Co-curricular Involvement
We will use these details to learn more about you and match you with your STEP roommate.

High School: _____ **Graduation Date:** **(mm/dd/yyyy)** _____/_____/_____

Areas of Academic Interest: _____

Extracurricular Activities: _____

What are your sleeping and living habits? _____

IV. Health Requirements

More information can be found at www.american.edu/healthcenter.

- Proof of immunizations is required in the District of Columbia for those under the age of 26 and must be submitted to the AU Student Health Center. Please watch for additional AU information regarding the required immunizations and process for submitting your records.
- If you are not currently covered by a health plan you **must** enroll in either the AU Health Insurance Plan for the summer or another health insurance plan of your choice. To enroll in the AU Health Insurance Plan please contact the AU Student Insurance office at 202-885-3380.
- If you would like to decline enrollment in the student health insurance program you must submit a waiver every year before the **August 1st deadline**.
- All AU students must also provide proof of health insurance. Please bring a copy of your insurance card with you for the summer.

Circle one of the answers for each question below:

Have you submitted your complete immunization record to the AU Student Health Center? **Yes / No**

Will you be covered by family health insurance during STEP (June 24-Aug. 10)? **Yes / No**

V. Agreement

I have read all of the enclosed materials. I fully understand the expectations for participation in STEP and am aware that failure on the part of the student to meet the expectations outlined may result in dismissal from the program.

If the student is under 18, signatures are required from the student and a parent/guardian.

_____

Student Signature **Date**

_____

Parent /Guardian Signature **Date**

By **May 1, 2012**, please mail or fax the completed STEP enrollment form to Multicultural Affairs. Remember that you must also complete the AU Enrollment and Housing Agreement and pay the enrollment deposit by May 1, 2012.

Questions? Check out http://www.american.edu/ocl/ma/STEP.cfm!

MULTICULTURAL AFFAIRS
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