



Please type or print legibly to minimize delays in processing your application and include the **US\$50 NONREFUNDABLE APPLICATION FEE**. Questions 10 and 11 are optional; please be sure to answer all other questions fully.

PERSONAL INFORMATION

1. Name _____
(first) (middle initial) (last or family name)

2. Sex Male Female

3. Former last names, if any (e.g., maiden) _____

4. American University student number (if available) _____
(used as your applicant ID)

5. Permanent address _____
(street) (apartment number)

_____ *(city) (state) (zip) (country)*

6. Mailing address (valid until _____) _____
(street) (apartment number)

_____ *(city) (state) (zip) (country)*

7. Telephone _____
(permanent) (current) (local work)

8. E-mail address _____

Note: E-mail address will be used to notify you of your application status.

9. Date of birth ____/____/____
(month) (day) (year)

As an equal opportunity/affirmative action institution, American University must ask all U.S. citizens to identify their race or ethnic group. Your response is optional and will not affect admission to the university. American University uses race/ethnicity data to 1) remain in compliance with accreditation and federal financial aid requirements, 2) provide a mechanism to assess academic and professional services to the student, faculty, and staff populations on campus. International applicants, please do not complete the following question.

10. Are you Hispanic/Latino? Yes No

11. Please check one or more of the following U.S. races to which you identify:

- American Indian Black or African American Pacific Islander (non-Native Hawaiian)
- Alaska Native Native Hawaiian White
- Asian

12. Is English your first language? Yes No

13. City and country of birth _____

14. Country of citizenship _____

QUESTIONS 15 THROUGH 17 ARE TO BE ANSWERED BY NON-U.S. CITIZENS ONLY.

15. Do you hold a U.S. permanent resident/immigrant visa ("green card")? Yes No

16. Do you hold a visa to the U.S.? Yes No If yes, current visa type _____

17. Will you request an I-20 form from American University for an F-1 visa or a DS-2019 form from your financial sponsor or from American University for a J-1 visa? Yes No

If yes, you must complete the Certification of Finances for International Students (CFIS) form and attach the appropriate financial documents.

ENROLLMENT INFORMATION

18. Intended academic program _____ 19. Degree you plan to pursue MA MFA

20. Term and year you are applying for Fall (year) _____ Spring (year) _____

NOTE: Spring admission for film and international media programs only.

21. Status you are applying for Full time (9 or more credits per semester) Part time (8 or fewer credits per semester) Weekend (6 credits)

NOTE: The university cannot sponsor F-1 or J-1 study visas to individuals in SOC's weekend or part-time programs. Graduate programs in print and broadcast journalism may be completed on a full-time basis only.

22. Have you applied for admission to American University before? Yes No

If yes, indicate semester _____ year _____

23. Have you ever enrolled at American University? Yes No

If yes, please check the appropriate box(es) Undergraduate Graduate Nondegree Certificate program
semester _____ year _____

24. If you wish to be considered for a departmental merit award please check this box.

For departmental merit awards, no separate application is necessary. For information on additional competitive fellowships and merit awards please visit our Web site as they may require supplemental application forms.

PREVIOUS UNDERGRADUATE AND GRADUATE STUDY

Please list chronologically every college, university, professional school, or other postsecondary institution at which you have studied. Attach additional sheets, if necessary. All institutions must be reported.

Undergraduate: Name of College and Location	Date Begun	Date Ended	Degree Awarded/ Major/Date Awarded

25. Undergraduate GPA _____ Number of credit hours _____

Graduate: Name of College and Location	Date Begun	Date Ended	Degree Awarded/ Major/Date Awarded

26. Graduate GPA _____ Number of credit hours _____

TEST REQUIREMENTS (Please list the date you took or plan to take the tests required for your degree program. Refer to the chart on page 2 to determine which tests you are required to take. SOC's ETS institution code is 007995.)

Graduate Record Examination: Aptitude / /
(Date)

/ /
V Q AW
Score

Test of English as a Foreign Language / /
(Date)

Score

APPLICATION FEE

Name _____ AU student number (if available) _____
(first) (middle initial) (last or family name)

I am enclosing a check for US\$50.

I authorize American University to charge an application fee of US\$50 to the credit card checked below.

Visa MasterCard American Express Discover

Name on credit card _____

Account number _____ Expiration date _____

Signature _____ Date _____

SIGNATURE

I hereby apply for admission to American University. If admitted, I agree to abide by its regulations. I certify that the foregoing information is true and complete to the best of my knowledge and fully realize that omission or falsification of information will be considered sufficient reason for rejection of this application or for dismissal.

(signature of applicant)

(date)



TO THE APPLICANT:

Please complete the section below and ask your recommender to return this form and the letter of recommendation to you.

Name _____
(first) (middle initial) (last or family name)

Degree and academic program for which you are applying (if available) _____

American University student number (if available) _____

Under the Family Education Rights and Privacy Act of 1974, you have the right to review your official university student records. You may waive that right, specifically for this recommendation, by signing here. Your waiver will in no way affect your admission to the university.

(signature of applicant) (date)

TO THE RECOMMENDER:

Please write a letter of recommendation on a separate sheet and attach it to this form. Please include the student's name and AU student number (if available) on the letter. In your letter of reference, please assess the applicant's potential as a graduate student. You should consider previous accomplishments, intellectual independence, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly, and drive and motivation. Please explain in what capacity you have known the applicant and for what time period. This form should be returned to the applicant with your letter of reference on official letterhead in a signed and sealed envelope. The applicant will return the signed and sealed envelope with his or her completed application to Graduate Admissions.

Please rate the applicant in the following areas:

	Outstanding	Excellent	Good	Fair	Poor	Unable to judge
Academic performance						
Motivation for proposed program of study						
Intellectual capacity <i>(including reasoning and analytical ability, imagination, learning potential)</i>						
Research and writing ability						

(signature of recommender) (date)

(print name) (name of institution or organization)



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Name _____
(first) (middle initial) (last or family name)

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