



Nondegree Student Information

This form is for new nondegree and visiting students only. Certificate students must complete a certificate application found on the SPA website.

Student Information

Please Print

Name (Last, First Middle) _____ Date of Birth (MM/DD/YYYY) _____

AU ID # or last four digits of Social Security Number _____ Male/Female _____

Residence Status: _____ Visa Type (Circle one) _____ Citizenship: _____

- U.S. Citizen Non U.S. Citizen J1 B1 B2 G4 H1 A1 A2
 Permanent Resident

American University does not issue I-20 documents for nondegree students.

Do you wish to identify yourself as a member of any of the following groups? Yes No
Are you of Hispanic/Latino Descent? Yes No

Please select any of the following that apply to your background:

- Alaska Native/American Indian Hispanic White
 Asian Native Hawaiian International (Visa students only)
 Black or African American Pacific Islander

Address

Street (and apartment number) _____ Daytime Phone Number _____

City/State _____ Zip Code _____ Evening Phone Number _____

Email Address _____ Cell Phone Number _____

Academic Information

Highest Degree Completed:

- High School Diploma Associates Degree Bachelor's Degree Master's/Doctoral Degree

Undergraduate Institution: _____ Degree: _____ GPA: _____

Graduate Institution: _____ Degree: _____ GPA: _____

I am a nondegree student because...

- I am taking courses for job related reasons.
 I am taking courses for personal reasons.
 I am a degree candidate at another school and plan to transfer the credits earned. Current school: _____
 I want to strengthen my record before applying for admission to a degree program.
 I missed the application deadline.

Do you plan to apply to a degree program at AU? No Yes When: _____ Program: _____

Have you been denied admission or been dismissed by AU? No Yes When: _____ Program: _____

Have you been suspended or dismissed from another college in the past 12 months? No Yes

Signature

I understand that I assume academic and financial responsibility for each course for which I register and that course withdrawal and cancellation of charges are governed by the policies in the *Academic Regulations*. I certify that the information provided is complete to the best of my knowledge.

Signature _____ Date _____

SCHOOL OF PUBLIC AFFAIRS

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