Certificate Application

This form is for new Certificate students only. Certificate Applicants must submit Official transcripts. Application Fee is $55.

Student Information

Social Security Number (used as your applicant ID)/ AU Student ID Number
Date of Birth (M/D/Y)

Name (First, Middle Initial, Last)
Male / Female

Resident Status:
☐ US Citizen ☐ Non US Citizen ☐ Permanent Resident

Visa Type (Circle one):* ☐ F1 ☐ J1 ☐ B1 ☐ G4 ☐ H1 ☐ A1 ☐ A2

*Must also submit a PIIRF (Personal and Immigration Information Request Form) and Bank Statement with application
Iss.american.edu—search PIIRF

How did you hear about our courses?
☐ Friend, relative, coworker ☐ Web search/research
☐ Advertising ☐ I attended an open house
☐ I am an AU alumni

Optional Biographical Information: As an equal opportunity/affirmative action institution, AU asks that you answer the following optional questions. Please identify yourself according to these ethnic groups. Check all that apply:
☐ Black/African American ☐ Native American (Indian/Eskimo)
☐ Hispanic American ☐ Asian/ Pacific Islander American ☐ Non US Citizen

Does your employer offer tuition benefits? ☐ No ☐ Yes If Yes, who is your employer? ___________________________

Address

Street (and Apartment Number)
Daytime Phone Number

City/State Zip Code Email Address Evening Phone Number

Academic Information

Highest degree completed:
☐ High School Diploma ☐ Associates Degree ☐ Bachelor’s Degree ☐ Master’s/Doctoral Degree

Undergraduate Institution _______________________________________year GPA ________

Graduate Institution _______________________________________year GPA ________

Certificate you plan to pursue _____________________________________

Year and term you are applying for _____________________ Fall – September Spring – January Summer – June ; August

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 printed in the Schedule of Classes. I certify that the information provided is complete to the best of my knowledge. I realize that falsification of my academic background is sufficient reason for dismissal.

Signature and Date

Send completed application and transcripts along with fee to:

School of Public Affairs ◆ American University ◆ Ward ◆ 4400 Massachusetts Avenue, NW ◆ Washington, DC 20016 ◆ Phone 202-885-6230 ◆ fax 202-885-1435