

CCPS REGISTRATION FORM FOR NON-AU STUDENTS

If you are a non-AU student and would like to enroll in a CCPS course—send us this form along with your resume and a statement of interest. You will be billed by the University for the tuition and any fees associated with the course. You may fax your registration to 202-885-1038.*

PLEASE WRITE LEGIBLY

Name: _____

Name of class you wish to take _____

_____ January 2012 _____ Spring 2012 _____ Summer 2012

Are you taking the course for ___ undergraduate credit, ___ graduate credit, or ___ not for academic credit? (For students seeking academic credit, the graduate tuition rate applies.)

****Statement of Interest:*** Non-American University students who wish to enroll in an Institute – Campaign Management Institute (CMI), Public Affairs and Advocacy Institute (PAAI), or the European Public Affairs and Advocacy Institute (EPAAI) – should submit a brief essay, no longer than 1-page, explaining your experience in politics, your interest in the course, and how it would contribute to your career goals. This essay should be included along with your registration form.

Some information which will be helpful in filling out page 3, below:

Subject code: **GOVT**
Course number for CMI: **020**
Course number for PAAI: **023**
Course number for EPAAI: **023**
Section number for CMI and PAAI in January session: **001**
Section number for CMI and PAAI in May session: **002**
Section number for EPAAI June session: **N02**
Credit value for CMI and PAAI: **4**
Credit value for EPAAI: **3**

Note: If you are not taking the course for academic credit, check the “Audit” box.

American University

Visiting Student Enrollment/Registration Form

Name (First, Middle Initial, Last):			
Home Street Address and Apt. #	City	State	Zip Code
E-mail Address	Daytime Phone	Evening Phone	Country (if not USA)
Visa Type: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> F1 <input type="checkbox"/> G4 <input type="checkbox"/> H1 <input type="checkbox"/> J1		Citizenship:	
Institution:			
Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security:	

Course Registration					
List course(s) for which you wish to register (see http://www.american.edu/american/registrar/schedule.html for course information you list below).					
Subject Code	Course Number	Section Number	Credit Value	Grade Type	Course Title
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F <input type="checkbox"/> Audit	
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F <input type="checkbox"/> Audit	
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F <input type="checkbox"/> Audit	
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F <input type="checkbox"/> Audit	

I agree to assume academic and financial responsibility for each course for which I register. I understand that course withdrawal and tuition cancellation are governed by policies and dates published by American University on:
http://www.american.edu/american/registrar/calendar08_09.htm.

Student Signature _____ **Date** _____

Office Use Only Registration Authorization: _____ Date _____
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