

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 20__ _____ May 20__ _____

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.

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 Institution:	Citizenship:		
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/provost/registrar/>.

Student Signature _____ Date _____

Office Use Only

Registration Authorization: _____ Date _____