



**Women, Policy and Political Leadership (WPPL)
 Graduate Certificate Program**
 ENROLLMENT FORM

Student Information:

_____/_____
 Last Name, First Name, Middle Name Preferred Name

 AU Student ID# Date of Birth

Sex: Male Female

Biographic Information (Optional): As an equal opportunity/affirmative action institution, AU asks that you identify yourself according to these ethnic groups. Please check all that apply:

- Black/African American Native American (Indian/Eskimo) Caucasian American
 Hispanic American Asian/Pacific Islander American Non US Citizen

Contact Information:

Permanent Address:

 Street (and Apartment Number)

 City State Zip Code

Current Address

 Street (and Apartment Number)

 City State Zip Code

 E-mail Address Alternate E-mail Address

 Cell Phone Number Daytime Phone Number Evening Phone Number

How did you hear about the WPPL Certificate program? _____



WOMEN & POLITICS INSTITUTE
SCHOOL of PUBLIC AFFAIRS

Educational Background:

Expected Graduation Date: _____

Are you currently enrolled at American University? Yes No

If 'no' do you plan to apply to a degree program at American University? Yes No

If yes, when _____ Program _____

Have you been denied admission or been dismissed by American University? Yes No

If yes, when _____ Program _____

Have you been suspended or dismissed from another college (US or international)? Yes No

If yes, when? _____

If you have been dismissed from any college including American University, please explain (Optional): _____

Below please list all previous colleges and/or universities attended, your dates of attendance, and the degree you received there.

College/University Attended	Dates of Attendance	Degree
_____	Month/Year	
_____	Month/Year	
_____	Month/Year	
_____	Month/Year	

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

Please send completed enrollment form, transcript, and resume to:

**Women & Politics Institute: American University * 4400 Massachusetts Ave NW, WARD 237 * Washington, DC
 20016-8130 * TEL: 202-885-2903 * FAX: 202-885-2967**