



# Continuing Education Application

## Applicant Bio

Mr.  Ms  
Name

First Second Last  
Gender  Male  Female Birth Date DD/MM/YY Nationality

Telephone Po Box:  
Daytime Evening

Cell phone Email  
Address

Province City Country

I do not wish to receive further mailings

## Which program are you applying for?

Certificate  Certified Course  
 Expert Course  Consultant Course  
 Professional Program

Program Name

## Which program structure are you applying for?

Full time  Part time  Online  Executive

Program beginning in

DD/MM/YY

## Languages

	Native	Fluent	Good	Basic
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)				

## Documents to be submitted

Please attach official transcript for your degree  
 Please attach your curriculum vitae  
 English language essay (for non-native speakers)  
 Behavioral motivator essay  
 3passport - size photos  
 1copy of your passport and ID  
 Two letters of recommendation  
 Completed application form

## Tuition fees

Non-refundable application fee 120\$  
Fees due upon acceptance \$

## How did you first learn about AU programs?

Fair or exhibition. Which one?  
 Educational guide. Which one?  
 In the press. Which publication?  
 Recommendation from a student? Code:  
 Internet. Which website/search engine?  
 Social network. Which one?  
 Agent Office Which one?  
 Other, please specify

## Education and Experience

In order to assess your application for admission to the professional programs at the American University, please provide the following information.

Graduation date DD/MM/YY Education institution name

Degree obtained Location City Country

Current Position Employer

From DD/MM/YY Address City Country

Province City Country

Previous Position (1) Employer

From DD/MM/YY To DD/MM/YY

Address City Country

Province City Country

Previous Position (2) Employer

From DD/MM/YY To DD/MM/YY

Address City Country

Province City Country

I understand and accept all terms that govern admission procedures and enrollment in any professional program at the American University. I certify that all information I have provided in this application is completed and accurate and all the statements and essays are my own work. In case of cancellation, I'll not be reimbursed for any tuition fees already paid.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
DD/MM/YY



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State of Delaware

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AMERICAN  
UNIVERSITY  
DELAWARE

Application For Admission