**ADMISSIONS APPLICATION**

**USE THIS FORM:**
To update any of your data, when you register for graduate courses in the future.
- Please print.
- If you are applying for CAP® admission, you must sign the Admission Declaration.

**COMPLETE AND RETURN THIS FORM**
- Complete and mail or fax this form, with your required admission fee payment to:
  - Mary Ann Roselle
  - 270 S. Bryn Mawr Avenue,
  - Bryn Mawr, PA 19010-2196
  - Fax: 610-526-1400

**PRIVACY POLICY**
- The American College respects the right to privacy of its students and is committed to safeguarding the personal information of each student.
  Please visit our website, TheAmericanCollege.edu to view the full policy.

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**YOUR KEY DATA**
For all new students to complete and for returning students to update.

- Legal Name: ___________  Last  ___________  First  ___________  Middle Initial
- SSN: ___________
- Birth Date: ___________  Gender: [ ] Male  [ ] Female
  - I am a new student
  - I have previously enrolled  My student number is__________

**BUSINESS ADDRESS (UPS cannot deliver to a PO box)**
- Preferred for Shipping  [ ] Preferred for Mail
- Company Name/Affiliation: ___________
- Street: ___________
- City: ___________  State: ___________
- Zip/Postal Code: ___________  Country: ___________
- Preferred Phone Number: ___________
- Fax Number: ___________
- E-Mail Address: ___________  (required)

**HOME ADDRESS (UPS cannot deliver to a PO box)**
- Preferred for Shipping  [ ] Preferred for Mail
- Street: ___________
- City: ___________  State: ___________
- Zip/Postal Code: ___________  Country: ___________

**REQUIRED COURSES**
- [ ] GS 839 Planning for Impact in the Context of Family Wealth
- [ ] GS 849 Charitable Strategies
- [ ] GS 859 Gift Planning in a Nonprofit Context

**EXAM PERIODS (check one)**
- Jan-Mar  [ ]  Apr-Jun  [ ]  Jul-Sep  [ ]  Oct-Dec  [ ]

* The American College courses have exam testing periods to ensure that your examination reflects the study materials you receive.

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**FEES**
- Admission Fee ($140)  $________
- Course Tuition ($1,185) or Non Profit ($950)  $________
- Shipping and Handling ($25)  $________
- Continuing Education Fee  $________
- Total  $________

**METHOD OF PAYMENT**
- [ ] Check: (make check payable to The American College)
- Charge: [ ] VISA  [ ] MC  [ ] AmEX  [ ] Discover
- Account No. ___________  Expires: ___________

**ADMISSION DECLARATION** (must be signed by all new students to process admission)

I agree to be bound by The American College code of Ethics and Procedures and other ethical codes or standards that apply to this designation. I am aware that successfully passing the examinations is not the sole requirement for awarding of a designation and I agree that I shall not be entitled to the designation unless I meet any experience or ethical standards established by the Board of Trustees. I understand that I must complete the educational requirements for a particular program within 5 years from the date of the initial course registration in that program. I further understand that upon the award of my designation, I will be obligated to comply with all continuing education requirements and pay any associated recertification fees required by The American College to maintain use of the designation. The American College reserves the right to void any examination if, in its sole opinion, there is reason to question its validity. I agree to be bound by the policies of The College and understand that it is my responsibility to make myself aware of additional policies announced in the future that are applicable to my designation.

All new students must sign here: ___________  Date: ___________

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Do you have an insurance license? [ ] Yes  [ ] No
If yes, what is your state of licensure and your license number?
- State: ___________  License Number: ___________

I request CE credit for my course(s) [ ] Yes  [ ] No  CE Fee $__________ (If left unchecked, CE will not be processed)
To review the most current CE fees, please visit TheAmericanCollege.edu/CE

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**EXAM PERIODS (check one)**
- Jan-Mar  [ ]  Apr-Jun  [ ]  Jul-Sep  [ ]  Oct-Dec  [ ]

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