



All information is given voluntarily to meet the requirements of the Family Education and Rights to Privacy Act of 1974. Please sign below indicating that you have been apprised of your rights.

_____ Date: _____
Signature

(Do not write on this space)
ENROLLMENT RECOMMENDATIONS:
Program: _____
Advisor Name: _____
Date Application Submitted: _____

CONFIDENTIAL QUESTIONNAIRE

This Confidential Questionnaire represents no obligation on your part or ours. AUHS keeps in mind the best interest of anyone concerned and aims to accept applicants whose general qualifications indicate that they would benefit from the training of their choice. Your answers to the following questions will assist us in determining your aptitude for specific training you choose. If qualified, an interview will be scheduled with AUHS Admissions Advisor who will review your qualifications.

PLEASE FILL OUT THIS FORM COMPLETELY

PERSONAL INFORMATION

Name (Print): _____
First Last Middle Telephone Number

Address: _____
Street City State Zip

Date of Birth: _____ Age: _____ Birthplace: _____

E-mail Address: _____ How did you hear about us?: _____

U.S. Citizen? Yes No If required can you submit a copy of your birth certificate or other proof of U.S. citizenship: _____

If you are not a U.S. Citizen, do you have the legal right to remain permanently in the U.S.?: _____

Male Female Married Single Separated Widow(er) Number of Dependents: _____

Own your home?: Yes No Live w/parents Room Apartment Lease Rent

Do you own an automobile?: Yes No Make: _____ License #: _____ Driver's License: _____

In case of emergency call: _____
Name Address Telephone Number

EDUCATION BACKGROUND

High School Attended: _____ Did you graduate? Yes No GED: Yes No
Name City State Year

Highest Degree Completed: AA/AS BS/BS MS/MA Other: _____ College Credit Earned: _____

Check here if you have never attended college

List all colleges, universities you have attended:

Name: _____ City: _____ State: _____ Year: _____

Name: _____ City: _____ State: _____ Year: _____

List the languages you can read, speak, or write fluently?: 1. _____ 2. _____ 3. _____

Other special training course(s) or certificate(s): _____

When do you plan to start?: Winter (Jan) Spring (March) Summer (June) Fall (Sept) Year: _____

