

# 2010 Course Registration Form

Please be sure to carefully read our Student Policies in the "Become A Student" section of [TheAmericanCollege.edu](http://TheAmericanCollege.edu)

## Instructions:

- Credit card: please fax completed forms to 610-526-1300 (for CLF®, fax to 610-526-1359).
- Check: please mail your completed forms with full admission, tuition and shipping charges to: The American College PO Box 1513, Bryn Mawr, PA 19010-2196
- Refund policy: please see page 67.



**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](http://TheAmericanCollege.edu), to view the full policy.

**Your Key Data** (UPS cannot deliver to a PO box)  Preferred for mail  Preferred for shipping

Legal Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company Affiliation: \_\_\_\_\_  Male  Female

Agency/Firm: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary E-Mail: (required) \_\_\_\_\_ Alternate E-Mail: \_\_\_\_\_

**Home Address** (UPS cannot deliver to a PO box)  Preferred for mail  Preferred for shipping

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Year of Graduation (or GED): \_\_\_\_\_

I am a new student  I am a returning student My student number is \_\_\_\_\_

Are you a U.S. citizen?  Yes  No; specify country of origin: \_\_\_\_\_

Racial/Ethnic background? (Optional)  Black, non-Hispanic  Hispanic  White/non-Hispanic  
 American Indian/Alaska Native  Asian/Pacific Islander

Primary language?  English  Other; specify: \_\_\_\_\_

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)

Please include the amount in the Fee Summary on the reverse side of this form.

To review the most current CE fees, please visit [TheAmericanCollege.edu/CE](http://TheAmericanCollege.edu/CE)

## Academic Track (select one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> LUTCF                         | <input type="checkbox"/> REBC®   | <input type="checkbox"/> Graduate School Certificates |
| <input type="checkbox"/> FSS                           | <input type="checkbox"/> CLF® Field Track <input type="checkbox"/> CLF® Office Track | <input type="checkbox"/> Estate Planning & Taxation   |
| <input type="checkbox"/> CFP® Certification Curriculum | <input type="checkbox"/> CASL®   | <input type="checkbox"/> Customized Asset Management  |
| <input type="checkbox"/> ChFC®                         | <input type="checkbox"/> CAP®  | <input type="checkbox"/> Business Succession Planning |
| <input type="checkbox"/> CLU®                          | <input type="checkbox"/> Graduate Financial Planning Track                           | <input type="checkbox"/> Charitable Planning          |
| <input type="checkbox"/> RHU®                          | <input type="checkbox"/> AEP Education   |   |

