

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON DC

Welcome to the Admissions Alumni & Parent Program!

AAP Membership Form

Only one membership is needed per address.

Thank you for your interest in assisting the Office of Admissions in our recruitment efforts. An admissions officer will be in contact with information about the opportunities in your area. We look forward to working with you.

PERSONAL INFORMATION

Name(s): _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

E-Mail Address: _____

(By submitting your email, you will automatically become a member of the AAP Listserv)

Daytime Phone: _____

Evening Phone: _____

GW AFFILIATION

Indicate all that apply:

___ **Alumni**

Graduation Year: _____

___ **Parent(s) or Guardian**

Student Information:

1) _____
(Student(s) Name) (Expected Year of Graduation from GW)

2) _____
(Student(s) Name) (Expected Year of Graduation from GW)

AAP INTEREST

Please indicate which area(s) you are interested in assisting the Office of Admissions

- ___ **Represent GW at college fairs**
___ **Assist in the interview process for prospective students**
___ **Contact incoming students and parents via phone and e-mail**
___ **Host GW send-off receptions for incoming students**

Please email this form to aap@gwu.edu or mail to:

Lindsay Mathers
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Washington, DC 20052