



Application for Certificate of Attendance CLE credit

International Arbitration Program 2008 Summer Session

Complete the entire application form (please type or write legibly) and enclose the non-refundable application fee of US\$65

1. _____
Last Name (Family Name) First Name (Given Name) Middle Name

2. Name as you would like it to appear on the Certificate of Attendance _____

3. Social Security Number, if applicable _____ 4. Birth Date _____ 5. Male _____ Female _____

6. Present address valid until: _____ 7. Permanent address: _____

Number Street

City State Zip Country

Telephone Fax

E-mail address

Number Street

City State Zip Country

Telephone Fax

E-mail address

8. Please attach a copy of your curriculum vitae (no more than two pages).

9. Please attach a one-page Statement of Interest. Explain why you want to participate in this program

10. Course(s) for which you wish to register: C. Title: _____

A. Title: _____ D. Title: _____

B. Title: _____ E. Title: _____

11. _____ Please check here if you would like your credits to apply toward an LLM degree in International Legal Studies from American University Washington College of Law.

_____ Please check here to receive more information on the LLM degree in International Legal Studies.

12. If you are seeking CLE credit, please indicate State and Bar Membership Number: _____

13. How did you learn about the Summer Session? _____

I hereby apply for admission to American University Washington College of Law as a visiting student. I certify that all the information given here is complete and accurate and given for the purpose of having the law school take action in reliance thereon.

Signature _____

14. Please enclose check made payable to American University Washington College of Law or check the appropriate credit card and provide the information requested:

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card Total \$ _____ Card Number _____ Expiration Date: _____ Name on Card _____ Signature _____	Billing Address: _____ City _____ State: _____ Zip: _____ Country: _____
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Please, submit this form to: **International Arbitration Program
American University Washington College of Law**
4801 Massachusetts Ave. NW
Washington, DC 20016-8181 USA
PHONE: (202) 274-4321, Fax: (202) 274-4226