



**ACADEMIC ADVISER APPROVAL**

Student Name: \_\_\_\_\_ STMU ID#: \_\_\_\_\_

\_\_\_\_\_  
Degree Major Proposed Graduation Date

Local Address: \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

This student has consulted with me regarding his/her participation in the Washington Semester Program. We have discussed a plan of action for registering for STMU courses for when the student returns from this program. The student understands that it is his/her responsibility to communicate with me via e-mail during the Priority Registration period for me to approve a schedule of classes and register the student for the upcoming semester.

\_\_\_\_\_  
Academic Adviser Date

---

**FINANCIAL AID APPROVAL**

The student named above has consulted with me regarding his/her participation in the Washington Semester Program. I have reviewed his/her financial need and have approved the necessary funding for this program.

\_\_\_\_\_  
Financial Aid Adviser Date

---

**REGISTRAR APPROVAL**

The student named above has consulted with me regarding his/her participation in the Washington Semester Program. The student is aware that an official transcript from American University must be submitted to St. Mary's University upon completion of the Washington Semester Program. Furthermore, in the event the student is a graduating senior, he/she is aware of the early deadline for his/her final grades.

\_\_\_\_\_  
Helen Garza, Associate Registrar Date



**WASHINGTON SEMESTER PROGRAM  
AMERICAN UNIVERSITY  
EMERGENCY INFORMATION FORM**

The information requested below will be used only in case of emergency and is limited to the duration of your participation in the Washington Semester Program. The information will be kept confidential and should be submitted to the Office of the Registrar at St. Mary's University.

YOUR NAME \_\_\_\_\_ STMU ID \_\_\_\_\_

PROGRAM SEMESTER/YEAR:     Fall \_\_\_\_\_     Spring \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**EMERGENCY CONTACT\***

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

\*Parent, guardians, or someone responsible for you in an emergency. Roommates and friends are not typically the best choice.

---

---

ST.MARY'S UNIVERSITY



## TRANSCRIPT REQUEST

Washington Semester Program  
American University  
Office of the Registrar/Records  
4400 Massachusetts Ave., NW  
Washington, DC 20016-8083

I would like to have a copy of my transcript(s) sent to the following address:

St. Mary's University  
Office of the Registrar  
Ms. Helen Garza, Associate Registrar  
One Camino Santa Maria  
San Antonio, Texas 78228-8576

The information below will assist in finding my records (please type/print clearly):

Name: \_\_\_\_\_ Previous Name(s) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime/Cell Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I have enclosed \$ \_\_\_\_\_ (If processing fee is required)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date