



INFORMATION UPDATE

President / Rector Information

Last Name.....	First Name.....	Prefix.....
Title (Position).....	From.....	To.....
Address.....	City.....	
State/ Code.....	Province.....	ZIP
Country.....		
Email.....	Phone.....	Fax.....

Secondary Institutional Contact

Last Name.....	First Name.....	Prefix.....
Title (Position).....	From.....	To.....
Address.....	City.....	
State/Province.....	ZIP Code.....	Country.....
Email.....		

Institutional Information

Name of Institution.....	Year Founded.....				
Address.....	City.....				
State/ Province	ZIP Code.....	Country.....			
Email.....	Phone.....	Fax.....			
Website (URL).....					
Student Enrollment Under	<input type="radio"/> 5,000	<input type="radio"/> 5,000 - 10,000	<input type="radio"/> 10,000 - 15,000	<input type="radio"/> 15,000 - 25,000	<input type="radio"/> Over 25,000
Courses	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> PhD/Doctorate	<input type="checkbox"/> Research activities	

Institutional Accreditation

Accredited?	<input type="radio"/> Yes	<input type="radio"/> In-Process	<input type="radio"/> No	Name of Accrediting Body.....
Address	City.....			
State/Province	ZIP Code	Country.....		

Information update form can be forwarded to the AUAP Secretariat via email:
auapheadquarter@gmail.com or auapheadquarter1995@gmail.com