



Please return with payment to:

Fax: (703) 684-4485

Mail: AFCPE

1940 Duke Street, Suite 200

Alexandria, VA 22314

Phone: (703) 684-4484

Accredited Financial Counselor[®] University Student Enrollment

Enrollment for (choose one):

Undergraduate

Graduate

Student Information

Name: _____ Best Contact Address: _____

Is this Work or Home? City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Professional Designations

ACC CEBS CFCS CFS CFP CHC ChFC CLU CPA Other

Current Employment Type (check all that apply)

Financial Counseling Military Other: _____

College or University: Teaching Cooperative Extension Service Financial Aid

Financial Institution: Bank Brokerage House Credit Union Insurance Other Financial Service Firm

University Information

University: _____ Department Name: _____

Supervising Professor: _____ Professor's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The graduate student enrolling in Accredited Financial Counselor[®] is majoring in Personal Finance at my university.

The student is expected to graduate: _____ *Signature of Professor:* _____

Fees

Please include a payment of \$50 with submission of this form.

Payment information

Visa MasterCard American Express Check #: _____ **Total Enclosed:** _____

Card Number: _____ Exp Date: _____

Name on Card: _____ Cardholder email: _____

Billing address: _____

Signature _____

Please print and sign or retype your name in the Signature field above to act as your signature.