



OFFICE OF  
UNDERGRADUATE STUDIES

ACADEMIC ACHIEVEMENT PROGRAMS  
SUMMER TRANSITIONAL PROGRAM

## AAP-STP INFORMATION SHEET

SAVE, COMPLETE, AND SUBMIT THIS FORM USING THE AAP-STP SUBMISSION PORTAL

### I. General Student Information

NAME: \_\_\_\_\_  
Last First Middle Initial

HOME ADDRESS: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State Zip

STATE OF RESIDENCE: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

Would you like to receive AAP-STP student messages via text? ☐ Yes/Opt-In ☐ No

PREFERRED EMAIL: \_\_\_\_\_

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your expected college major? \_\_\_\_\_  
Month / Year

### III. Family Information

(Please check one) ( ) Father ( ) Mother ( ) Guardian ( ) Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation/Job Title: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

(Please check one) ( ) Father ( ) Mother ( ) Guardian ( ) Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation /Job Title: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_