



## GLENDALE UNIVERSITY GRADUATE CLASS APPLICATION

Glendale University Graduate Classes are limited to 30 **Glendale University – City Government “101” Graduates** each class. Participation in graduate courses will be subject to the results of an annual background check, conducted by the Glendale Police Department. Please print or type this application. We thank you for your interest. Glendale University is a learning and informational experience. Acceptable conduct standards will be maintained by participants to assure each session is a positive experience. This is a **FREE** class.

PRINT NAME: \_\_\_\_\_  
(First) (Last) (MI)

DOB: \_\_\_\_\_

GU “101” GRADUATION DATE: \_\_\_\_\_ (List Semester & Year Attended, i.e. Fall 2005)

RESIDENTIAL/BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE – PRIMARY (\_\_\_\_) \_\_\_\_\_ SECONDARY (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ COUNCIL DISTRICT \_\_\_\_\_

CLASS REQUESTED  
(Please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend Glendale University Graduate Classes. My signature below acknowledges my understanding and agreement with the material provided.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please mail, fax or deliver application to:** Neighborhood Partnership Office, 6829 North 58<sup>th</sup> Drive, Suite 100, Glendale, AZ 85301. Fax: (623) 931-6433 Office: (623) 930-2868