



Phone: 1-800-551-2882
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ENROLLMENT APPLICATION FOR DESIGNATION PROGRAMS

Check One: AAP MAAP

AAP: Automotive Aftermarket Professional

MAAP: Master Automotive Aftermarket Professional (must have completed AAP)

PART A...TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Name
(First) _____ (M.I.) _____ (Last) _____

Company Name _____

Position _____

Address _____

City _____ State _____ Zip _____

Contact Phone Number (____) _____ Fax Number (____) _____

Email Address _____

You are authorized to communicate my progress in the University program to my employer.

Signed _____ Date _____

Send or fax completed application to:

University of the Aftermarket, 4000 Whiting Drive, Midland, MI 48640
FAX #: (989) 837-4439.

PART B...TO BE COMPLETED BY UNIVERSITY OF THE AFTERMARKET

Date Enrolled for AAP _____ Project Completion Date _____

AAP Completion Date _____

Date Enrolled for MAAP _____ Leadership 2.0 Completion _____

Project Completion Date _____ MAAP Completion Date _____

Approved _____