

ASSOCIATION OF GRADUATE LIBERAL STUDIES PROGRAMS

NOMINATION FOR FELLOW MEMBERSHIP

Nominee Name: _____

Title: _____

Institution: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Website URL: _____

Briefly describe nominee's involvement with the AGLSP and/or specific graduate liberal studies programs and interest in becoming a Fellow.

Nominated by

Name

Institution

Date

Return this form to:

AGLSP
National Office
c/o Duke University
Box 90095
Durham, NC 27708-0095

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