ASSOCIATION OF GRADUATE LIBERAL STUDIES PROGRAMS

APPLICATION FOR FULL MEMBERSHIP

Name of institution: _____

Program name: _____

Address: _____

_____

Contact name: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

Website URL: _____

Does the individual named above has primary responsibility for the program? [ ] yes [ ] no
If no, provide program director name: _____

Degree(s) conferred: _____

Date of first enrollments: _____ Number currently enrolled: _____

For the questions listed below, attach a separate sheet if additional space is required:

1. Describe how your program is administered, e.g., through a graduate dean, faculty committee, continuing education dean, etc.

2. Describe briefly the curricular structure of your program (number of credits, courses required, etc.). What are the interdisciplinary aspects of your program?

3. How are the special needs of adult, part-time students addressed by your program?

4. List names and titles of representatives from your institution who have attended AGLSP Annual Meetings in the past three years.

5. Have you had a site visit yet? [ ] yes [ ] no If yes, please provide the name of the site visitor and the date of the visit. If no, please indicate plans you have regarding a site visit.

6. Submit three (3) copies of: your cover letter, this application, supporting material as specified in "Criteria and Process," your official institutional catalog or bulletin listing your program, and url, brochures, advertisements, committee reports, etc. pertaining to your program.

_____ _____

Printed name of applicant Signature of applicant

_____

Date

Send application and supporting material to:

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

For office use:

Rec _____ Bus Mtng _____
SV _____ DB _____
MC _____ Web _____
App _____