

ASSOCIATION OF GRADUATE LIBERAL STUDIES PROGRAMS

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Institution: _____

Program Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Web site URL: _____

Primary contact/representative:

Dr/Ms/Mr: _____

(circle one)

Title: _____

Email: _____

Additional contact for inclusion in email list:

Dr/Ms/Mr: _____

(circle one)

Title: _____

Email: _____

Section A

If you currently have a graduate liberal studies program in operation, please provide the following:

1. Name of program: _____

2. Degree(s) conferred: _____

3. Date the program was established: _____

4. Number of students currently enrolled: _____ Target enrollment: _____

Section B

If you are currently planning a graduate liberal studies program, please provide the following:

1. Anticipated start date of program: _____

2. Briefly describe the efforts your institution has taken to develop a graduate liberal studies program:

If you have a program:

3. Briefly tell us about your program:

4. Indicate those areas in which you might find assistance from AGLSP helpful:

- | | | |
|---|--|---|
| <input type="checkbox"/> General administration | <input type="checkbox"/> Budgeting | <input type="checkbox"/> Faculty recruitment |
| <input type="checkbox"/> Gaining institutional support | <input type="checkbox"/> Marketing | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Gaining state or external agency support | <input type="checkbox"/> Admissions | <input type="checkbox"/> Assessments and outcomes |
| | <input type="checkbox"/> Student recruitment | <input type="checkbox"/> Student services |

Statement of Application

I have read the constitution of the Association of Graduate Liberal Studies Programs and understand the purposes of the organization. The program I represent agrees to adhere to the principles and objectives of the Association.

Institutional Representative Signature: _____

Date: _____

Submit application and payment to:

AGLSP Office
c/o Duke University
Box 90095
Durham, NC 27708-0095
or fax: 919-681-8905

Payment \$300 USD: Check, payable to AGLSP VISA MasterCard

account number

expiration date

signature

For office use:

Rec'd _____
DB _____

LS _____
Ltr _____

Web _____
Geo _____

JGLS _____
Log _____