

**Application for Membership**

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representative (Name and title) \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Purpose for seeking academic membership in LEARN-Wichita

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

School Mission Statement:

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

Circle one:          Private          Public          Technical

Who is your Accrediting Body? \_\_\_\_\_

Degree Programs (may attach a separate list) \_\_\_\_\_  
(programs offered in Wichita area)

Student Population Breakdown:

Total number \_\_\_\_\_

Total number full time students \_\_\_\_\_ part time students \_\_\_\_\_