

To apply for membership in the American Association of Colleges for Teacher Education (AACTE), please complete and return this application. Please type or print legibly all information requested in this application.

REGIONAL ACCREDITATION STATUS

Institution is regionally accredited.

Institution is seeking regional accreditation (NAM O(F EGTO

OFFICIAL NAME OF INSTITUTION

(AACTE will use this name in all official references to your institution)

INSTITUTION NAME

MAILING ADDRESS

CITY STATE ZIP

URL/WEB ADDRESS

PHONE FAX

PRESIDENT, PROVOST, OR CHANCELLOR

NAME

TITLE

MAILING ADDRESS

CITY STATE ZIP

E-MAIL

PHONE FAX

AACTE MEMBERSHIP CHIEF REPRESENTATIVE

(This is the official responsible for your institution's teacher education program—usually a dean or chairperson—and will be the administrator for your institution's membership. This person will receive the yearly dues notices and will assign all other institutional representatives for AACTE membership.)

NAME

TITLE

MAILING ADDRESS

CITY STATE ZIP

E-MAIL

PHONE FAX

ASSISTANT TO THE CHIEF REPRESENTATIVE

NAME

TITLE

MAILING ADDRESS

CITY STATE ZIP

E-MAIL

PHONE FAX

Membership Dues

AACTE assesses dues on a calendar-year basis and prorates its dues by quarter for institutions joining partway through a calendar year.

DETERMINING YOUR INSTITUTION'S DUES AMOUNT: To determine the dues amount for your institution, you must first determine your school or department of education's productivity as reported to the National Center for Education Statistics' IPEDS database. The dues amount is determined based on the most recent available IPEDS data.
