

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.

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

REGIONAL ACCREDITATION STATUS

Institution is regionally accredited.

Institution is seeking regional accreditation.

NAME OF REGIONAL ACCREDITING ORGANIZATION

TYPE OF INSTITUTION AND INSTRUCTIONAL UNIT

The institution is (check only one):

A single-campus institution

A branch campus of a parent institution

(NAME OF THE PARENT INSTITUTION)

A main campus (parent institution) with one or more branch campuses and/or other campuses

An administratively equal campus of a multicampus

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