



Application for Membership

Institution Name _____

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) _____

Other Wichita and Surrounding Area Locations _____

Student Population Breakdown:

Total number _____

Total number full time students _____ part time students _____

Percent of Adult Students _____

Billing address (if different than main mailing address):
