



APPLICATION FOR INDIVIDUAL MEMBERSHIP

School/Agency _____

Address _____

City _____ State _____ Zip _____

ACT Code _____ Chief Enrollment Officer _____

Phone (____) _____ Fax (____) _____

Please answer the following questions:

1. Purpose(s) of Institution/Agency:

2. Who is your clientele? _____

3. Reasons for seeking associate membership in KACRAO:

4. Do recruiters or admissions staff receive a commission or compensation for the number of students enrolling that they worked with? _____ YES _____ NO

5. What year was the college or agency founded? _____

6. Type of institution: (Please check all that apply)

_____ Public

_____ Private/Independent

_____ Liberal Arts College

_____ Comprehensive College/University

_____ Research University

_____ Other _____

7. How large is your campus? _____ acres

8. Degrees offered: _____ Associate _____ Baccalaureate _____ Other _____

9. With what organizations are you accredited? _____

10. Statistics about your undergraduate population:

a) Student/Faculty Ratio: _____

b) Total number of full-time and part-time undergraduate students: _____ FT _____ PT

c) Total number of full-time faculty _____

d) Are you on semester, quarter, clock-hours, or other? (please specify)

e) What is the length of study for a unit of credit? _____

A degree or certificate? _____

11. Does your institution have an open admissions policy, whereby virtually all students are accepted?

YES _____ NO _____

12. Is placement testing required for advisement into coursework? If No, how are students placed?

YES _____ NO _____

13. What are the admissions standards for acceptance of a new full-time freshman, transfer?

14. Average amount of grant/scholarship aid awarded last year per student. _____

15. Average amount of loan/work aid awarded last year per student. _____

16. Average amount of total financial aid awarded last year per student. _____

Please enclose publication such as brochures, viewbook, catalogues, etc., which indicate the institution/agency or institution's services, products, or other significant activities.

Person to be contacted regarding the processing of this application:

Name _____

Title _____

Phone (_____) _____

The above information is complete and accurate to the best of my knowledge, and is submitted in application for associate institutional membership in KACRAO.

Signature, Chief Enrollment Officer

Date

Return this form to the Vice President for Association Services of KACRAO:

Lee Furbeck

Vice President for Association Services

University of Kansas

KU Visitor Center

1502 Iowa Street

Lawrence, KS 66045

(785) 864-5214