



## APPLICATION FOR INSTITUTIONAL 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**