

CGE Affiliate Membership Application



Consortium for Global Education
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Date	
Institutional Name	
Address	
City	
State/Province	
Zip/Postal Code	
Country	
Website address	
Phone for CGE to Contact	
Fax for CGE Communication	
Current President's Name	
Email of Current President	

NOTE: Please SAVE this form to your desktop before filling. After completing the form, re-name adding your institutional name and email it to info@cgedu.org

Type of Institution

PUBLIC

Undergraduate

Graduate

Research

PRIVATE

Undergraduate

Graduate

Research

ENTITY

Education

Training

Other

Additional Information

Registration in State, Ministry, or Nation

Date Founded

Religious affinity (if any)

Focus/ i.e. Learning, Teaching, Community Service

Number of Students or Members

Number of Faculty or Staff

Name of CGE Main Contact

Email of Main Contact Person

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Mission Statement

Main International Program Goals

Accreditation Credentials in Home Country

President's Affirmation Statement and Signature

On behalf of our institution, I affirm that, to the best of my knowledge, we can support the goals of CGE as an affiliate member defined in the Criteria for CGE Affiliate Member document as supplied with this application form. We submit this application with a request to be considered for Affiliate Membership.

Signature

Date