

# CGE Membership Application



Consortium for Global Education  
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USA  
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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 [cbishop@cgedu.org](mailto:cbishop@cgedu.org)

## Type of Institution

### PUBLIC

Undergraduate

Graduate

Research

### PRIVATE

Undergraduate

Graduate

Research

## Additional Information

Registration in State or Nation

Date Founded

Religious affinity (if any)

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

Number of Students

Number of Faculty

Name of CGE Main Contact

Email of Main Contact Person


## **CGE Membership Application (page 2)**

### **Mission Statement**

### **Main International Program Goals**

### **Accreditation Credentials**

### **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 a Member defined in the Criteria for CGE Member document as supplied with this application form. We submit this application with a request to be considered for Membership.**

**Signature**

**Date**