



**ACADEMIC MEMBER
APPLICATION**
APSA INSTITUTE/CENTER VERIFICATION SECTION

Questions? Contact Membership Services: membership@apsa.org
or call 212-752-0450 x0026
APSA, 122 E 42nd St Ste 2310, New York, NY 10168

THIS SECTION TO BE COMPLETED BY THE SPONSORING INSTITUTE/CENTER
13. Institute/Center Name:

Name of Applicant:

PLEASE GIVE A BRIEF DESCRIPTION OF:

a. The Academic Program that the applicant enrolled in and completed at your Institute/Center. Please ATTACH a brief description of the Academic Program that the Applicant completed and if available, please attach curriculum:

b. Continuing involvement with Institute, Center and/or Society since completion of training:

c. Knowledge you have about how the academic training has been applied since completion of program:

d. Additional Comments:

SPONSORING INSTITUTE

I hereby certify that the data regarding institute matriculation and the applicant's institute and society activities are in accordance with the records of this institute and further certify that to the best of my knowledge the character and professional ethics of the applicant are compatible with membership as an APSA Academic Member.

Signature (Director or Chair, Education Committee):

Date:

Print Name and Title: