



Application for Institutional Membership

Institutional membership status may be granted, upon approval of the membership, to a college-level degree-granting institution in the state of Tennessee if it is accredited by an accrediting agency approved by the Council for Higher Education or by determination of the TACRAO Board of Directors.

Name of Institution: _____

Mailing Address: _____

City, State, Zip: _____

Name of Person requesting Membership: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____ *Best Time to Call:* _____

Institutional Mission Statement (Copy may be attached): _____

Degrees Awarded: _____

Admissions Requirements: _____

Agencies of Accreditation: _____

Date of Application: _____

A copy of the institution's catalog must be included with the application for membership. Responses to application questions may reference page numbers in

Please mail completed application to the TACRAO Membership Committee Chairperson (contact information and address available at www.tnacrao.org)