

## Midwestern Association of Graduate Schools

An Affiliate of the Council of Graduate Schools

## **MEMBERSHIP INFORMATION:**

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First/Last Name:			
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First/Last Name:			Title:
First/Last Name:			Title:
First/Last Name:			Title:
GRADUATE PROGRAM	S:		
Design; Ph.D., Geo  Include a summary  Provide the headoc  Provide a copy of y	ography, Ğeography; O of the number of grad ount enrollment for eac our Graduate Bulletin/	Certificate in Nutrition, educate degrees and certicated degree and certificated Catalog describing the	etc.) ificates awarded for each program during the last academic year. e program for the last academic year. policies, procedures and admission criteria.
	Building/Box:		
sliding scale reflecting six	levels of graduate h	neadcount enrollmen	nt, as shown below. Headcount enrollment includes all
	. •	•	name, evin, and oe.
Graduate Headcount Er	nrollment Dues (ch	neck one)	
1-1000	\$ 125		
1001-4000	\$ 175		
4001 +	\$ 225		

*Signature:		Date:	
Payment made in US dollars Method of Payment: Che	ck – made payable to UW-La Crosse	MasterCardVisa	American Express
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By fax: 608.785.6547
By phone: 608.785.6504
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inclusion in a participant list unless Continuing Education and Extension is notified in writing prior to the program.