



## Application for Affiliate Institution/Organization Membership

(Page 1)

AICE is a private membership organization. Affiliate applications must be approved to ensure eligibility criteria are met. All applications are subject to review and approval. AICE reserves the right to deny an application without explanation.

Check whether U.S. Academic Institution or Non-U.S. Academic Institution/Organization

### U.S. ACADEMIC INSTITUTION

**Postsecondary:** U.S. 2 and 4-year colleges, universities, and other postsecondary institutions

Check the appropriate box(es) and print clearly:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Not-for-Profit | <input type="checkbox"/> For-Profit |
| <input type="checkbox"/> 2-Year         | <input type="checkbox"/> 4-Year     |
| <input type="checkbox"/> Public         | <input type="checkbox"/> Private    |

Specify Accreditor: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Website \_\_\_\_\_

### NON-U.S. ACADEMIC INSTITUTION or ORGANIZATION

**Postsecondary:** University and other postsecondary institutions of higher education or organization.

- |  |  |
|--|--|
| <input type="checkbox"/> Not-for-Profit          | <input type="checkbox"/> For-Profit                    |
| <input type="checkbox"/> Public                  | <input type="checkbox"/> Private                       |
| <input type="checkbox"/> Government Organization | <input type="checkbox"/> Non-Governmental Organization |

Institution/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Website \_\_\_\_\_

## Application for Affiliate Institution/Organization Membership (Page 2)

### Name of Individual Applicant

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Pronoun  She/Her  He/Him  They/Them

Title/Position \_\_\_\_\_

Email \_\_\_\_\_ Phone (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Please answer the following questions to help us learn more about you and your institution:

**1. Area of Responsibility & Interest (check all that apply)**

- Academic Advising
- Transfer & Articulation
- International Credential Evaluation
- Undergraduate Admissions / International Admissions
- Graduate Admissions / International Admissions
- Other (please specify): \_\_\_\_\_

**2. Does your institution or organization do evaluations of educational credentials in-house?**  Yes  No

If NO, does your institution outsource its evaluations?  Yes  No

**3. Does your institution or organization use an AICE Endorsed Member credential evaluation service?**

Yes  No

If YES, please specify: \_\_\_\_\_

**4. AICE Affiliate Members are also invited to volunteer on working committees. Please specify which of the following committees you are interested in learning more about:**

- Standards & Best Practices
- Scholarship & Publications
- Symposium Planning Committee

**5. Affiliate Membership with AICE allows you to participate in the monthly Credential Forum on the second Thursday of each month. Are you interested in learning more about the AICE Credential Forum?**

Yes  No

If Yes, what topics interest you or your institution/organization? \_\_\_\_\_

\_\_\_\_\_

**Please read and sign below:**

I have read the AICE Code of Ethics and the Benefits of Affiliate Membership as posted on the AICE website, and I agree to the terms and conditions therein:

Your Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return the complete form to AICE at [info@alice-eval.org](mailto:info@alice-eval.org)

Upon receipt and review of your form, the AICE Membership Committee will advise you of your Affiliate Membership eligibility. If you have any questions, please contact AICE at [infor@alice-eval.org](mailto:infor@alice-eval.org) (rev. 7/11/23)