



3. How are the special needs of adult, part-time students addressed by your program?

4. List names and titles of representatives from your institution who have attended AGLSP Annual Business Meetings in the past three years.

5. Have you had a site visit yet?  yes  no If yes, please provide the name of the site visitor and the date of the visit. If independent of this application, please provide a copy of the site visit report. If no site visit has been held, please indicate plans you have regarding a site visit.

6. Include self-study, as specified in "Criteria and Process," with supporting documentation

\_\_\_\_\_  
Applicant name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Send application and self-study electronically to  
*info@aglsp.org*

For office use:	
Rec _____	Bus Mtng _____
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