

# ACHE Membership – Student Application

## Confirmation of Student Status

I, \_\_\_\_\_, do hereby certify that \_\_\_\_\_, is a graduate student at \_\_\_\_\_, in \_\_\_\_\_ program.

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

*Please make a copy of this form for your own records and mail the original or fax to:*

Association for Continuing Higher Education, Inc.  
OCCE Administration Building, Room 233  
1700 Asp Avenue  
Norman, OK 73072-6400  
Fax: 405-325-4888

*Please don't hesitate to contact us at [admin@acheinc.org](mailto:admin@acheinc.org) or at 1-800-807-2243 if you have any questions!*