



GAC Academic Network Registration Form

The Global Accreditation Center for Project Management (GAC) provides the GAC Academic Network exclusively for individual faculty members (full-time and adjunct) and administrators, who teach, develop or administer project management courses or programs within colleges and universities. Registration in the GAC Academic Network is at no charge at this time.

Participation in the GAC Academic Network includes:

- A monthly, electronic newsletter that will keep you aware of key project management news and events of specific interest to the academic community
- An intranet Community Site for networking and sharing best practices within the project management academic community
- The opportunity to attend GAC Academic Forums

Established by the Project Management Institute (PMI®) in 2001, GAC acts as the sole governing body for the policies, procedures and standards for accrediting project management programs at the bachelor, master and doctoral degree levels. The GAC Mission is to advance excellence in project management worldwide through collaboration with and support of academic institutions and accreditation of academic degree programs.

For more information regarding GAC, please visit the PMI Web site at www.pmi.org. Any questions regarding the GAC Academic Network or any other aspect of the GAC may be directed to gac@pmi.org or +1-610-356-4600, ext. 5003.

Please complete all areas of the registration form (section 1, 2 and 3), indicating “not applicable” if necessary. Form submission instructions are noted in section 4.

1. Individual Contact Information:

<u>Required Fields:</u>			
_____	_____	_____	_____
Prefix	Given Name	Family Name	Suffix
I am a PMI Member: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, insert PMI ID Number here: _____			
E-mail Address _____			
Academic Institution _____			
Position/Title within the Academic Institution _____			

<u>Optional Fields:</u>		
Mailing Street Address 1 _____		
Mailing Street Address 2 _____		
Mailing City _____	State/Province _____	Postal Code _____
Country _____		
Telephone Number _____		

2. Academic Institution Information:

Institution/University Name			
Department or School within University (if applicable)			
Street Address 1			
Street Address 2			
City	State/Province	Postal/Zip Code	Country
Postal Address (if different)			
Contact Person (if other than person in section 1 on previous page)			
Telephone Number		E-mail Address	
Institution Website Address (URL)			

3. Project Management Degree Information:

Please check appropriate boxes and complete requested information below:

A. List all of the project management degrees/certificates, or diplomas offered by your institution. Include department/college or school where housed (e.g. MBA with Project Management track, School of Business, etc.). If additional space is needed, attach sheet with continuation of listing. If you have no programs at this time, please skip to question C.

Degree/Certificate/Seminar Offered	Department	Number of Students
1.		
2.		
3.		
4.		

B. Does your institution intend to pursue GAC Accreditation for your project management degree programs? Yes No

C. Is your institution planning to develop a project management degree program in the future? Yes No

4. Instructions for Submission of Form:

Please send the completed registration form by e-mail (gac@pmi.org), fax or send by postal service to:

Global Accreditation Center for Project Management (GAC)
 Project Management Institute
 Attention: Accreditation Programs Administrator
 Four Campus Boulevard
 Newtown Square, PA 19073 USA

Telephone: +1-610-356-4600, ext. 5003
 Fax: +1-610-356-4647
 E-mail: gac@pmi.org