

MSHA Student CCC (Doctoral) Membership Discount Request Form

Information About You:

Please verify the information we have for you and make any necessary changes in the space provided to the right.

Name:	
Preferred Mailing Address:	
Daytime Phone:	
Email:	

Information About Your Future Graduate Degree:

I am attending: _____
(Institution name/campus)

Degree Designator: _____
Examples: PhD, AuD, EdD, ScD, DDS, etc.

Degree Area: _____

Are you a full-time student? Yes No

Anticipated Completion Date: ____/____/____
Month Year

Confirmation of Eligibility:

Please sign to verify:

I am currently a full-time Doctoral Student and I am not currently working full or part-time.

If you are working full or part-time, and in a doctoral program, you must join MSHA as a Professional Member.