



**WILLIAM GLASSER**  
INTERNATIONAL

# Application for Senior Faculty

### 1. Member Information:

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Master's Degree or Graduate Work: \_\_\_\_\_

### 2. Member Experience:

Advanced Practicum Supervisor Since: \_\_\_\_\_ # of Advanced Practicums completed: \_\_\_\_\_

Basic Training Instructor Since: \_\_\_\_\_

Last five Intensive Trainings Taught: *(Please note with an asterisk the trainings taught alone)*

Location:	Dates:
1.	
2.	
3.	
4.	
5.	

Conferences Attended: (provide conference name & dates)

\_\_\_\_\_ WGI \_\_\_\_\_ Local

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\_\_\_\_\_ WGI \_\_\_\_\_ Local

### 3. Payment Information: Application fee is \$600.00 payable to William Glasser International.

U.S. bank check    U.S. money order    Pay online at: <https://www.wglasserinternational.org/trainings/faculty-training/>

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\*\*\*\*\*The William Glasser Institute | 6275 Y 03: 5th 'U0' 4888. 'Eqwpt { 'Enrd' J km. 'KN' 8269:  
\*\*\*\*\*Phone: (92: ) ; 79/826: | Mo B y i n u g t l p v g t p c l o p c i l t i