PHI ALPHA THETA MEMBERSHIP APPLICATION

For Chapter Use Only**

Name: (Please PRINT or TYPE your	name as it should appea	r on your certificat	e: First – MI - Last)	
Graduate □ Undergraduate □ (chec	k one)			
Graduation date:	Initiation date:			
Email:				
Permanent address: (Required for main				
City	State		Zip	
Local address:				
City	State	Zip		
Hours completed in History =	$History GPA = _$	Overall GPA=		
(Basic requirements: at least 12 hrs H	istory 3.1 or higher GPA	in History and 3.0	or higher overall GPA)	
Undergraduate record:	In .			
Schools attended	Dates	Major(s)	Degree earned	
Activities and honors:				
Graduate record:				
Schools attended	Dates	Major(s)	Degree earned	
Activities and honors:				
Publications:			_	

**FACULTY ADVISORS: FOR INSTRUCTIONS ON SUBMITTING NEW MEMBERS TO THE NATIONAL OFFICE, PLEASE GO TO http://www.phialphatheta.org/initiates.htm.