

PHI ALPHA THETA MEMBERSHIP APPLICATION

*For Chapter Use Only***

Name: _____
(Please PRINT or TYPE your name as it should appear on your certificate: First – MI - Last)

Graduate Undergraduate (check one)

Graduation date: ____ ____ ____ Initiation date: ____ ____ ____

Email: _____

Permanent address: (Required for mailing *The Historian*):

City _____ State _____ Zip _____

Local address:

City _____ State _____ Zip _____

Hours completed in History = ____ History GPA = ____ Overall GPA = ____

(Basic requirements: at least 12 hrs History 3.1 or higher GPA in History and 3.0 or higher overall GPA)

Undergraduate record:

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>.**

Sharedoc/Templates/PRCrevised01-03

Please make checks payable to: Park University-Phi Alpha Theta in the amount of \$50.00. Submit this application and check to: Dr. Timothy Westcott, PMB 117, 8700 N.W. River Park Drive, Parkville, MO. 64152. Also, please leave the "Initiation Date" area blank.