Application for Psi Chi Membership

(For Local Chapter Membership Only)

Name:_____ **Student ID#**_____

Current School Address:_____

_____

Telephone Number:_____ **Email:**_____

Classification: ____ 2nd Semester Sophomore ____Junior ____ Senior ____Graduate

Estimated Graduation Date: (Month/Year)_____

Psychology courses taken to date:

Course (Name/Number)	Grade Received	Credit Hours

Estimated Cumulative GPA:_____ **Estimated Psychology GPA:**_____

_____ **(Please initial) I hereby authorize the Psi Chi faculty advisor to review my college records for the sole purpose of determining my eligibility for becoming a member of Psi Chi.**

Remember you must join Psi Chi while you are a student. We are happy to offer you the privilege of joining Psi Chi as soon as you are eligible. We hope that you can join now.

Signed:_____ _____

Chapter Officer or Advisor **Date**

RETURN THIS FORM TO THE PSI CHI BOX IN HARRIS HALL ROOM 331