

**PHI ALPHA THETA
MEMBERSHIP APPLICATION**

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For Chapter Records Only

Name: _____
(Please **PRINT** your name as you want it to appear on the certificate: First – MI - Last)

Graduate Undergraduate (check one)

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

Email: _____

Permanent address: (Required for mailing The Historian):

ZIP: _____

Local address:

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 MUST FOLLOW OUR GUIDELINES AT
www.phialphatheta.org/initiates.htm