PHI ALPHA THETA MEMBERSHIP APPLICATION

* * *

For Chapter Records Only

Name:			
(Please PRIN	T your name as you wa	nt it to appear on the cert	ificate: First - MI - Last)
Graduate □	Undergraduate □	(check one)	
Graduation date:		Initiation date:	
Email:			
Permanent address:	(Required for mailing T	he Historian):	
ZIP:			ZIP:
Local address:			
			ZIP:
Hours completed in History = History GPA = (Basic requirements: at least 12 hrs History 3.1 or higher GPA in History and 3.0			
Undergraduate reco	rd:		
Schools attended	Dates	Major(s)	Degree earned
Activities and honor	s:		
Graduate record:			
Schools attended	Dates	Major(s)	Degree earned
Activities and honor	s:		
Publications:			

Return to the Phi Alpha Theta Coordinator, Department of History, 2N-215, The College of Staten Island/CUNY, 2800 Victory Boulevard, SI NY 10314.