



PSI CHI. THE INTERNATIONAL HONOR SOCIETY IN PSYCHOLOGY

REGULAR MAIL | P.O. Box 709 | Chattanooga, TN 37401-0709 | STREET ADDRESS | 825 Vine Street | Chattanooga, TN 37403
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memapp1 (8/09) **Membership Application** For chapter records and verification—do not send to Central Office

Name	Student ID number
Current mailing address Street or PO Box	City State Zip Country
Phone number	Email
Classification: <input type="checkbox"/> 2nd semester Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Faculty	Estimate date of graduation (mo/yr)

PSYCHOLOGY COURSES TAKEN TO DATE (to be filled out by students only)

Course [name & number]	Grade received	Credit hours
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Actual cumulative GPA	Actual psychology GPA	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.	Applicant Signature
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Return this form to the Psi Chi box at: _____ or to a Psi Chi chapter faculty advisor listed below by: _____ List below the names of any other interested psychology students who did not receive this notice.

Advisor Name DR. PAUL BOXER	Name
Location SMITH HALL Rm 333	Name
Coadvisor Name	Name
Location	Name
<i>Remember, you must join Psi Chi while you are a student through your local chapter. The Central Office does not accept individual applications.</i>	Name

* RETURN THE COMPLETED FORM, ALONG WITH A COPY OF YOUR TRANSCRIPT OR AUDIT TO THE ABOVE FACULTY ADVISOR.