## PHI ALPHA THETA MEMBERSHIP APPLICATION

\* \* \*

## For Chapter Records Only

Name:			
(Please <b>PRINT</b> your name as	you want it to appear	on the certificate: Fir	rst - MI - Last)
Graduate □	Undergraduate ☐ (check one)		
Graduation date:	Initiation date:		
Email:			
Permanent address: (Required for ma	ailing The Historian):		
	ZIP:		
Local address:			
	ZIP:		
Hours completed in History = (Basic requirements: at least 12 hrs H			
Undergraduate record: Schools attended	Dates	Maior(a)	Doorea aarnad
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

 $\underline{http://phialphatheta.org/procedure-for-submitting-new-initiates}$