

**Application for Psi Chi Membership**

(For chapter records and verification – do not send to National Office)

1. Name
2. Current School Address:
3. Telephone #:
4. Email address:
5. Class year:
6. Estimated Graduation Date (Month/Year:

7. Psychology classes completed to date:

<b>Course (Name &amp; Number)</b>	<b>Grade Received</b>	<b>Credit Hours</b>
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8. Estimated Cumulative GPA:
9. Estimated Psychology GPA:

I hereby authorize the Psi Chi faculty advisor and Psi Chi executive board to review my college records for the sole purpose of determining my eligibility for becoming a member of Psi Chi.

\_\_\_\_\_ (type name)

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

Signed,  
Psi Chi Officers