

Psi Chi Membership Application

Psi Chi is the National Honor Society in psychology. Both undergraduate and graduate students are invited to apply for membership in the Auburn University chapter if they meet the following criteria.

UNDERGRADUATES:

- Seeking a major in Psychology
- Completion of 3 semesters of college courses (i.e., must be at least a second year college student)
- Completion of at least 9 semester hours in psychology classes OR completion of 6 semester hours in psychology while currently enrolled in at least 3 hours in psychology
- Have a minimum 3.0 cumulative and a 3.0 psychology GPA (this will be verified when application is submitted)

GRADUATE STUDENTS:

- Minimum overall cumulative average of 3.0 on a 4.0 scale in all graduate courses

Membership in Psi Chi is earned and is for life. Your membership will be recorded in the Psi Chi national office and can be referenced on applications to graduate school or jobs. There is a one-time membership fee of \$75, which is due when you submit this application. Checks should be made payable to Psi Chi. This fee covers the costs of initiation, the national membership fee, a membership certificate, and a subscription to the Psi Chi newsletter "Eye on Psi Chi."

Membership in Psi Chi reflects your outstanding academic accomplishments in psychology and is a sign of your commitment to the field. It also offers you many opportunities to be involved in psychology outside of the classroom. If you meet the above qualifications, we strongly encourage you to complete the attached application, **HAVE YOUR GRADES VERIFIED** by the Dean's office, and complete **BOTH** of the registration cards. All of these items, along with the \$75 registration fee, must be received before we can process your application.

We look forward to receiving your application. If you have any questions, contact us at auburnpsichi@hotmail.com

Please turn your completed application along with \$75 membership fee to the Psi Chi mailbox located in Thach 213A

Application for Psi Chi Membership

Candidate's Name: _____

School Address: _____

Permanent Address: _____

E-mail Address: _____

Telephone Number: _____

Classification (select one):

- Freshman
- Sophomore
- Junior
- Senior
- Graduate

Expected Graduation Date: _____

Major: _____ Minor: _____

List the psychology courses you have completed (include grade received for each) and courses currently enrolled in:

I hereby give my permission for the faculty advisor of Psi Chi to review my academic record in relation to my application for Psi Chi membership. I understand the registration fee is \$75, which pays for lifetime membership. I am enclosing a check for \$_____

Signed _____ Date _____

Overall GPA: _____

Psychology GPA: _____

Dean's Signature (verifying GPA) _____



FM 1.2 [8/06]

Registration Card **Member Profile** (Please print legibly. Print your name as you want it to appear on your membership certificate and card.)
Please complete both sections and return as specified by your chapter.

NATIONAL FILE CARD

[8/06]

Chapter (Name of school)		State	
Name: First	Middle name/initial	Last	
Email	Student ID number	Estimate date of graduation (mo/day/yr)	
Current mailing address: Street or PO Box		City State Zip	
Permanent address (if different above)		City State Zip	
Phone number(s)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty		Date inducted into Psi Chi (mo/day/yr)
The following information is used only for internal Psi Chi statistical purposes.		Psi Beta Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Race/Ethnicity:	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mixed Racial Background <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other [specify]		
I accept Psi Chi's Constitution:			Signature Date

CHAPTER FILE CARD (this section should be kept with your chapter records)

[8/06]

Chapter (Name of school)		State	
Name: First	Middle name/initial	Last	
Email	Student ID number	Estimate date of graduation (mo/day/yr)	
Current mailing address: Street or PO Box		City State Zip	
Permanent address (if different above)		City State Zip	
Phone number(s)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty		Date inducted into Psi Chi (mo/day/yr)
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