

PSI BETA[®] CHARTER MEMBER APPLICATION

Please complete an application for each student applying (type or print in ink)

Name of college: _____

Type of system (check one): Semester ____ Quarter ____

Student's full name: _____

Overall GPA (must be in top 35% of institution's designated full-time status students enrolled in courses leading to the associate degree **or** at least a cumulative 3.0 GPA): _____

Total overall credit hours completed (12 semester-units or 15 quarter-units minimum): _____

List psychology courses (and grade) *completed* at this time:

Psychology Course	Number of Units or Credit Hours	Grade in Course

Psychology Courses in Progress

Psychology Course	Number of Units or Credit Hours

STATEMENT OF RELEASE

I accept and will abide by Psi Beta's Bylaws and policies. I have read the privacy policy. I hereby authorize the Psi Beta Executive Director and National Council to inspect and verify my college records for the sole purpose of determining my eligibility for becoming a charter member of Psi Beta.

Signature _____ Date _____

After the school charter and student charter memberships are approved, your Psi Beta advisor will issue a written invitation to membership with instructions to register online. Please register and give your membership fee of \$50 by the deadline on the invitation to the faculty advisor. (No student personal checks will be accepted by the national office.)