

Please complete this form in full and email it to niuaxevma@gmail.com

Any questions or concerns can be discussed with the Chapter Vice Master Alchemist or Chapter Advisor.

Contact Information			Date	e:/	
First Name:	Last Name:				
Date of Birth://	Gender:		Cell	Cell Phone:	
Email:					
School Address:					
City:	State:			Zip:	
Education Information					
Status (choose only one): FR SO Major(s):					
Minor(s) &/or Certificate(s):					
GPA:					
Please list the chemistry classes you	ı have taken:				
For your intended major, please list have completed (pre-requisite cours					
Are you on academic probation or h If yes, please explain:	•		•		
Please note that if you are on academic invitation to member		-	_	_	
Why are you interested in joining Al	lpha Chi Sigma?				
Extracurricular Information Are you involved in any extracurricular lf yes, please list and describe role(s)			No		
Information disclosed on this form	will be shared witl	n members o	of the fraterni	ty involved in determining	
eligibility for acceptant How did you hear about Alpha Chi S	ce into Alpha Chi S	igma and us	sed solely for	that purpose.	