



**SIGMA TAU DELTA
APPLICATION FOR MEMBERSHIP**

Instructions: Fill in Part I and return this form together with a working (unofficial) copy of your transcript (available on any computer) to the faculty sponsor, Dr. Rachel Schaffer, in LA 426 (2954, rschaffer@msubillings.edu).

PART 1

Name _____
(as desired on certificate)

Local address _____
(if you live on campus or in town)

Phone _____

Email _____

Permanent address _____
(if you commute to school)

Phone _____

Email _____

Degree _____
(BA, BA Teaching Certificate Option, etc.)

Expected year of graduation _____

Major(s) _____

Minor _____

I wish to apply for membership in Sigma Tau Delta, Mu Sigma Chapter, at Montana State University Billings. I authorize the faculty advisor to review my academic records and understand that they remain confidentially in the files of Sigma Tau Delta.

Applicant's signature

Date

PART 2 (for Chapter use)

Cum. cr. _____

GPA _____

Eligible/not eligible

Engl. cr. _____

GPA _____

Comments:

Advisor's signature

Date