

**Application for Psi Chi Membership**

Please submit this application, the completed registration card, a copy of your transcript (current unofficial copy accepted), and your \$55.00 check (made out to **UMB Psi Chi**) in a sealed envelope with your name and "Psi Chi Application" on the outside of the envelope, and take it to Michelle Browning, Psychology Department, Room M/4/204.

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Current Address:  
\_\_\_\_\_

3. Current Telephone No: \_\_\_\_\_

4. Current email address: (please provide an email address that you check regularly)

\_\_\_\_\_

5. Classification: 2nd semester sophomore: \_\_ Junior: \_\_ Senior: \_\_ Graduate: \_\_

6. Estimated Graduation Date: \_\_\_\_\_

**Please note that UMB Psi Chi does not accept applications from graduating seniors during their final semester.**

7. Psychology Courses Taken to Date:

Course Name and Number	Grade Received	#Credits

8. Cumulative GPA: \_\_\_\_\_ Psychology GPA: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
Student ID