



ALPHA EPSILON LAMBDA
Alpha Nu Chapter
Edinboro University of Pennsylvania



Member Application Form

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip code _____

Email address _____

Academic Qualifications:

(To be completed by academic department head or major professor)

I CERTIFY THAT THE APPLICANT HAS EARNED AN EXCELLENT ACADEMIC RECORD AND GPA
RANKED IN THE TOP 35 PERCENTILE OF THE APPLICANT'S PEERS.

Name & Title: _____

Signature: _____ **Telephone:** _____

Department: _____

Leadership Qualifications: (To be completed by applicant)

Provide a brief list of your leadership record as a graduate or professional school student. This may include on-campus or off-campus activities.

Please attach a copy of your graduate transcript from your current program of study.

SIGNATURE: _____ **DATE:** _____
