Chi Alpha Epsilon, Beta Phi Chapter
Office of Academic Support Services
1400 Washington Ave. LI-94
Albany, NY 12222
Contact: Makisha Brown, Student Support Services
xaehonor@albany.edu, 518-442-5542

**Application Form** **FEE Included: o $48.00** **Deadline: June 30, 2011**

Pay to: XAE/WCU

# Print clearly

**Name:** _____ **Campus ID#:** _____ - _____ - _____
Last First MI

**Academic Year:** o Sophomore o Junior o Senior **Cumulative Grade Point Ave:** _____

**Major:** _____ **Expected Date of Graduation:** _____

**E-Mail:** _____ **Home Phone:** _____ **School Phone:** _____

**Home Address:** _____
Street City State Zip

**School Address:** _____
Street City State Zip

**College:** UAlbany-SUNY, 1400 Washington Ave., Albany, NY 12222, 518-442-5180 (EOP Office)

**College Activities/Personal Interests: (clubs, organizations, societies, athletics, hobbies, talents, etc.)**

_____

_____

**College Honors: (Dean's List, Scholarships, etc.)** _____

_____

**Future Aspirations:** _____

_____

*In the tradition of past scholars, I pledge to continue to excel academically, to promote academic excellence in others, and to help those who genuinely aspire to achieve the same goals. Furthermore, I promise to uphold the Constitution of the Society, respect its traditions, and edify its membership.*

Signature _____ Date _____

A National Honor Society recognizing outstanding scholarship among students in the Developmental Education community.

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