Chi Alpha Epsilon, Beta Phi Chapter
Office of Academic Support Services
1400 Washington Ave. LI-94
Albany, NY 12222
Contact: Gladys M. Santiago, EOP Counselor
Oassxae@uamail.albany.edu, 518-437-4437

Application Form **FEE Included: o $48.00** **Deadline: June 30, 2008**

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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