



# ΔΔΕ

## Delta Delta Epsilon

### The Forensic Sciences Honor Society INTERNATIONAL STUDENT MEMBERSHIP RECORD FORM

To ensure prompt processing, please make sure form is complete and correct; incomplete or incorrect forms will not be processed for membership. PLEASE TYPE and email. A complete application must include an attached academic CV and transcripts.

Full Name

Mr.  Ms.  Mrs.  Dr.  Prof.  Other

Date of Birth    Gender  Chapter

Month Day Year

College/University

Current Year of School  Department

Expected Graduation  Area of Study

Month Year

\*If other please state

#### Present Address

Address

City  State/Province  Zip Code

Country  Phone (Including country code)

Fax (Including country code)  Email

**Candidate Statement:** I hereby acknowledge an invitation to become an International Student Member of Delta Delta Epsilon. I have fulfilled all membership requirements. It is my intent to improve the Society by investing my energy, enthusiasm, and commitment. By signing this form I am authorizing the release of my academic information to the Delta Delta Epsilon International Office and my Chapter Advisor.

Signature  Date

#### For Office Use Only

The above named candidate has been enrolled in an institution of higher education for a minimum of three semesters or five quarters and has met the academic requirements for membership in Delta Delta Epsilon.

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Chapter Advisor Signature Date Chapter Name and Number