



**PSI CHI**  
 The International Honor Society in Psychology  
 Georgia State University Chapter  
**APPLICATION FORM**



**Eligibility Requirements**

Undergraduate Students:

- 1) Declared major or minor in Psychology
- 2) At least second semester sophomore standing (at least 45 completed credit hours)
- 3) **9 semester hours of courses completed in psychology at GSU**
- 4) Minimum GPA of 3.0 (on a 4.0 scale) in both psychology classes and in cumulative grades

**Application Process**

If you wish to join Psi Chi and you meet the above requirements, complete and sign this form and submit the following:

- \_\_\_\_\_ (1) your completed application form,
- \_\_\_\_\_ (2) current academic evaluation form (from GoSolar)
- \_\_\_\_\_ (3) \$75 membership fees (\$55 international, \$20 chapter—one-time fees; cash or check made out to “Psi Chi”). **Exact change only.**
- \_\_\_\_\_ (4) You must also complete an application with international Psi Chi: <http://www.psichi.org/?page=JoinToday>

You may give your materials to the receptionist at the reception desk - Urban Life Building, 11<sup>th</sup> floor or mail them to Dr. Rachelle Cohen, Psi Chi Advisor, Department of Psychology, Georgia State University, 140 Decatur St., 11<sup>th</sup> Floor, Atlanta, GA 30303.

Within 1 month of submitting your application, you will be notified by email as to whether you meet all eligibility requirements. If you are not eligible, your membership fees will be returned to you.

Return this completed form with **your current academic evaluation** and **membership fees** to the receptionist on the 11th floor of Urban Life. Be sure to complete the online application as noted above. Applications are processed as they are received. Students become full members within a month of completing the application process.

**APPLICATION FOR PSI CHI MEMBERSHIP** (please print)

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Panther ID# \_\_\_\_\_

Best Contact Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ GSU E-Mail: \_\_\_\_\_@student.gsu.edu

Overall GPA: \_\_\_\_\_ Psychology GPA: \_\_\_\_\_

Class:  2<sup>nd</sup> semester Sophomore  Junior  Senior  Graduate Student Expected semester + year of graduation \_\_\_\_\_

I, the undersigned, give my permission for the Psi Chi advisor to review my academic records in order to determine my eligibility for membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_