

HPER Graduate Honor Society Membership Application
PLEASE COMPLETE THE FOLLOWING INFORMATION
(Please type or print)

Name:(Mr.) (Mrs.) (Ms.) _____

Local Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Social Security Number: _____

Date of Birth: _____ Email Address: _____

Major : _____ Minor/Add-On certification: _____

Expected Graduation Semester: _____

List Extra-Curricular Activities (Attach additional pages if necessary) _____

List Memberships- (Include all organizational clubs) _____

Signature of Applicant: _____ Today's Date: _____

To be complete by the HPER Academic Advisor

- Overall GPA _____ (All courses taken at the graduate level)
- Number of credit hours at the graduate level _____
- Membership in the HPER Club or other Professional organization Yes [] No []

Signature of HPER Academic Advisor

Date

Submit completed application to your HPER advisor. Your advisor will turn in your completed application to the Student Recognition Committee.

The JSU Department of Health, Physical Education, and Recreation does not
discriminate on the basis of Age, Sex, Race, Ethnicity or Religion.