



ΔΔΕ

Delta Delta Epsilon
The Forensic Sciences Honor Society
INTERNATIONAL STUDENT MEMBERSHIP RECORD

To ensure prompt processing, please make sure form is complete and correct. PLEASE TYPE and email. **A complete application must include an attached academic CV and transcripts.** Please return to your local DDE Chapter.

Full Name

Date of Birth

Month Day Year

Chapter

College/University

Current Year of School

Department

Expected Graduation

Month Year

Area of Study

Address

City

State/Province

Zip Code

Country

Phone (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 institute of higher education for a minimum of three semesters or five quarters and has met the academic requirements for membership in Delta Delta Epsilon.

Chapter Advisor Signature

Date

Chapter Name and Number