**APPLICATION FOR BETA BETA BETA CHAPTER CHARTER**

Information of this application and any visitor’s report is for the use of the Executive Committee. If the application is approved by the Executive Committee the paragraph(s) on the back page of the application will be used in BIOS.

Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accredited by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If University, how many schools? \_\_\_\_\_\_\_\_\_ How many campuses? \_\_\_\_\_\_\_\_\_

Primarily Residential? \_\_\_\_\_\_ Commuter? \_\_\_\_\_\_ Urban? \_\_\_\_\_\_\_ Rural? \_\_\_\_\_\_\_

ENROLLMENT ON THIS CAMPUS:

|  |  |  |  |
| --- | --- | --- | --- |
| Total \_\_\_\_\_ | Undergraduate \_\_\_\_\_ | Graduate \_\_\_\_\_ | Other \_\_\_\_\_ |
| Department \_\_\_\_\_ | Undergraduate \_\_\_\_\_ | Graduate \_\_\_\_\_ | Other \_\_\_\_\_ |

FACULTY Total of institution\_\_\_\_\_\_\_\_ Full time\_\_\_\_\_\_\_\_\_ Part time\_\_\_\_\_\_\_\_\_\_

Total of department\_\_\_\_\_\_\_ Full time\_\_\_\_\_\_\_\_\_ Part time\_\_\_\_\_\_\_\_\_\_

Department Ph.D.’s\_\_\_\_\_\_\_ Masters\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_

Number of faculty in service 10+ years\_\_\_\_\_ 5-10 years\_\_\_\_\_ 1-4 years\_\_\_\_\_

Number of departmental appointments which can be tenured\_\_\_\_\_\_\_\_\_

Number of non-renewable short term (2 years or less) appointments\_\_\_\_\_\_\_\_\_

Is student research encouraged? Please describe.

List upper level courses offered. Please attach course descriptions.

Degrees earned by students in sponsoring department:

Degree Curriculum # of junior and seniors # of graduate students

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current school and department practices for recognizing academic achievement

Local honor societies? \_\_\_\_\_\_\_\_\_\_ National (Please provide a list)

Is there a club or other group sponsoring local biology-related activities?\_\_\_\_\_\_

If so, what is its name?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long active?\_\_\_\_\_\_\_

Current membership\_\_\_\_\_\_\_\_ Describe activities below:

Anticipated yearly membership of new TriBeta chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Anticipated faculty advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of anticipated faculty advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of anticipated faculty advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Attach a brief paragraph or two about your institution and department.

Department Chairperson:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student group chair signature if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include biology course list and descriptions for the Executive Committee to review.**

Send application fee of $300 and one copy of application to:

Beta Beta Beta web: [www.tribeta.org](http://www.tribeta.org)

One Harrison Drive, Box 5079 phone: (256) 765-6220

Florence, AL 35632 email: [tribeta@una.edu](mailto:tribeta@una.edu)

Application fee may be paid via Paypal for convenience: [www.paypal.me/betabetabeta](http://www.paypal.me/betabetabeta)