

Delta Epsilon Mu Application Upsilon Chapter



NAME:

DATE OF BIRTH:

CWID:

CELL:

EMAIL:

MAJOR:

GPA:

YEAR: FRESHMAN SOPHOMORE JUNIOR SENIOR

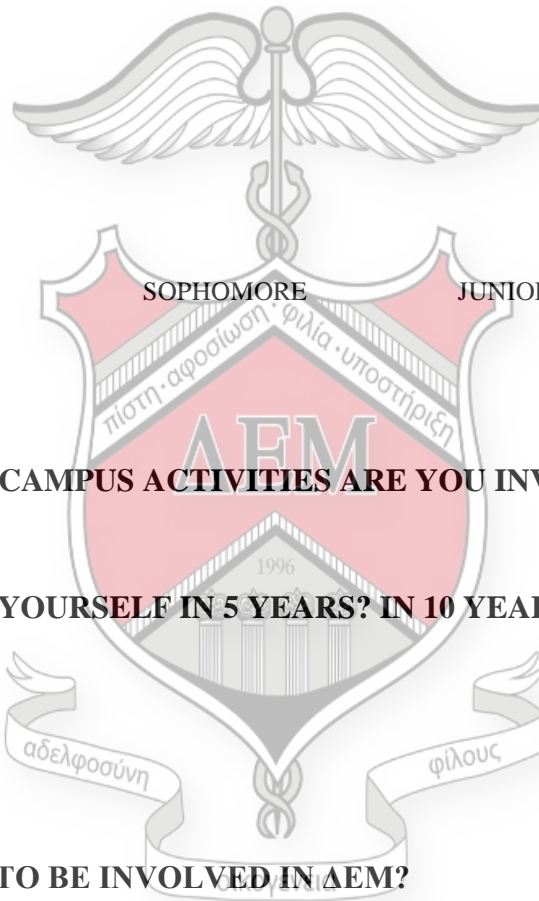
SHIRT SIZE:

IN WHAT OTHER ON-CAMPUS ACTIVITIES ARE YOU INVOLVED?

WHERE DO YOU SEE YOURSELF IN 5 YEARS? IN 10 YEARS?

WHY DO YOU WANT TO BE INVOLVED IN ΔΕΜ?

WHAT CLASSES ARE YOU TAKING THIS SEMESTER?



DESCRIBE AN INSTANCE IN WHICH YOU HAVE DEMONSTRATED “HELPING PEOPLE TOGETHER”.

WHY DID YOU CHOOSE TO GO INTO THE HEALTH FIELD?

Your signature certifies that the above information is correct to the best of your knowledge. Providing false information will be cause for rejecting this application for membership to ΔΕΜ or reconsideration of membership following acceptance.

Student Signature _____

Date _____

