

ALPHA ETA APPLICATION

College of Allied Health



Name _____

I.D. # _____

Program _____

List Professional associations you have been involved with while a student in the College.

Organization & years a member	Offices Held	Service activities

List University, College, and Departmental Groups and activities involved in while a student in the College.

Group/Activity & years a member	Offices Held	Service activities

List Recognized Community Groups and Activities involved in while a student in the College.

Group/Activity & years a member	Offices Held	Service activities

List relevant Research while a student in the College

Presentation/Publication Title	Published Date

Other Pertinent Scholarly or Professional Information
