



**Alpha
Kappa
Delta**

Rho Chapter of California
Alpha Kappa Delta
UCLA Department of Sociology
Box 951551, 264 Haines Hall
Los Angeles, CA 90095-1551

Name _____
(Full name as it is to appear on membership certificate)

Mailing Address _____
(summer)

_____ City _____ State _____ Zip Code _____

Student ID# _____ Phone# _____

E-Mail Address _____

Major GPA _____ Overall GPA _____ Rank: Jr Sr

List sociology core courses and other sociology upper division courses you have completed.

Course Number	Instructor	Grade	Course Number	Instructor	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby give the faculty member serving as the AKD Chapter Representative permission to determine my eligibility for membership by verifying my grade point average and overall scholarship.

Signature _____ Date _____

Return this completed application to the above address with a check in the amount of \$45 made payable to: Alpha Kappa Delta – Rho Chapter, UCLA.

Office Use Only: Payment Received _____ Cumulative GPA _____ Major GPA _____ Approved _____