



ALPHA EPSILON DELTA PRE-HEALTH HONORS SOCIETY

National Membership Application

Requirements:

1. Student applying must have at least 45 credits completed.
2. At least 3.2 cumulative grade point average and a 3.2 science grade point average.
3. Unofficial Transcript attached to application.
4. One letter of recommendation from faculty professor.
5. \$80 National Membership/Shirt Fees due with application.

Submit the application during office hours in ECS 484. Visit our website for up-to-date information at <http://www.fiu.edu/~aed/> or send an e-mail to aed@fiu.edu.

Contact Information:

Mr. Mrs. _____
Ms. Dr. _____ Full Name (First, Middle, Last)
_____-_____-_____/_____/_____ Gender: M / F
Social Security Number Date of Birth

School Address:

Street/P.O. Box City State Zip Code
(_____) _____ (_____) _____
Phone (home) Phone (cellular) E-mail Address

Permanent Address (if different from above):

Street/P.O. Box City State Zip Code
(_____) _____ (_____) _____
Phone (home) Phone (cellular) E-mail Address

Academic Information:

_____/_____/_____ G.P.A. _____
Classification (Jr., Sr., etc.) Anticipated Graduation Date Overall Science

Major Minor Health Field of Interest

Please answer the following, as they pertain to you, with as much detail as possible:

1. Pre-health, honors and/or fraternal organizations/societies on or off campus. (Include any positions you've held.)

2. Scholastic awards or honors.

3. On/off-campus volunteer activities?

4. Please include any other information you think may be pertinent to this application, not otherwise specified.

ALPHA EPSILON DELTA CODE OF ETHICS AND HONORS PLEDGE:

Being of sound mind and body, I _____, attest to the fact that all information given in this AED application is truthful and factual. If any of the information contained here is found not to be truthful or factual, it is grounds for immediate revocation of my local and national membership to Alpha Epsilon Delta.

I have read the Code of Ethics and understand the implications:

Signature

Date

Please attach the most recent unofficial transcript.



ALPHA EPSILON DELTA *PRE-HEALTH HONORS SOCIETY*

National Membership Application Letter of Recommendation Form

***Please attach this form, along with the letter of recommendation, to the application.**

STUDENT NAME: _____

Dear Professor,

The above named student is applying for membership into Alpha Epsilon Delta. The mission of AED is to recognize and motivate academic excellence among students interested in pursuing health professions. With this goal in mind, the officers of AED would appreciate a statement about the applicant which comments on the following:

1. How long have you known the applicant? In what capacity?
2. The applicant's character and personality.
3. What is your estimate of the applicant's motivation toward pursuing a career in the health field?
4. Additional information which you believe relevant to the student's application.

Please submit official letter, signed and dated, together with this form as soon as possible.