Hofstra University

Beta Alpha Psi - Delta Pi Chapter

Induction Form

To become a member, please disclose the following information. Please note all information is mandatory. Please fill out this form and email it back to hu.bap.108@gmail.com along with a copy of your recent Degree Audit and Resume.

NAME: _____

(Preferred First) (Middle) (Last)

HOFSTRA EMAIL: _____

CELL NUMBER: _____ BIRTH DATE: _____

EXPECTED GRADUATION DATE: _____ CLASS STANDING: _____

OVERALL CUMULATIVE GPA: _____

OVERALL UPPER-LEVEL MAJOR GPA: _____
(EXCLUDE ACCT 101, ACCT 102, FIN 101, FIN 110, IT 014)

PLEASE LIST ALL UPPER-LEVEL MAJOR COURSES YOU HAVE COMPLETED :

COURSE	GRADE	SCHOOL