Application for Membership

Lambda Pi Eta

Delta Gamma

**Deadline: April 12**

Name (how you want it to appear on your certificate):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCCS email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Alternate email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current undergraduate GPA: \_\_\_\_\_\_\_\_\_ Current Communication Studies GPA: \_\_\_\_\_\_\_\_\_

Projected Graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Communication courses completed (12 credit hours min): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit the following for your application package:**

1. **This competed application form**
2. **One copy of your unofficial UCCS transcripts**
3. **One copy of unofficial transcripts from transferring institutions if you took any Communication courses.**
4. **Membership Fee: $45.00** ($30 LPH Fee for membership, certificate, pin and honors cord; $15 Delta Gamma/Communication Department Fee) **Cash or Check Only** (Please make checks payable to: UCCS Department of Communication)

Mail or hand deliver your package to:

Andrea Baker, Ph.D.

University of Colorado Colorado Springs  
ACAD #519   
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918  
e: [abaker3@uccs.edu](mailto:abaker3@uccs.edu)  
p: 719.255.3957 

Lindsey McCormick, M.A.   
Communication Faculty  
University of Colorado Colorado Springs  
ACAD #510   
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918  
e: [lmccormi@uccs.edu](mailto:lmccormi@uccs.edu)  
p: 719.255.8195

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

FOR OFFICE PURPOSE ONLY:

Verified and Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_ Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_