



Application for Establishing an Affiliation with Delta Tau

Name of Academic Unit:

Name of Institution:

Date:

We, the undersigned representatives of the above academic unit, present these application materials to the Board of Directors for consideration in granting a Delta Tau affiliation: ____ chapter, ____ individual membership.

Name and Position:

Address:

Telephone:

E-mail:

Name and Position:

Address:

Telephone:

E-mail:

Request approved by:

Administrative Officer of Academic Unit:

Academic Dean:

President of Institution:

Note: Membership is available to majors in a dietetic technician program or one of the associate degree specializations related to dietetics, nutrition, food service management, health and wellness, and other human sciences programs.

Delta Tau
4990 Northwind Drive, Suite 140, East Lansing, MI 48823-5031
(T) 517.351.8335 - (F) 517.351.8336 - dmitstifer@kon.org

Information about the Institution

1. Name of institution:
2. Address:
3. Date founded
4. Type of institution (Community College, Other):

5. Institution is accredited by the following National or Regional accrediting agencies (indicate year of accreditation):

6. Present institutional enrollment:

Information about the Academic Unit

1. Enrollment and degrees
 - a. Number of students currently matriculated for degrees in any part of the academic unit wherever administered:
 - i. 1st year –
 - ii. 2nd year –
 - b. Number of students receiving degrees in the academic unit for past two years:

<u>Year</u>	<u>Associate Degree</u>
-------------	-------------------------

2. Academic achievement of students:
 - a. The cut-off grade point averages earned by students in the top 35 percent in this academic unit in a recent term are listed below:
 - i. Term for which data are given –
 - ii. Academic Unit associate degree students, first year, semester 2 –
 - iii. Academic Unit associate degree students, second year, semester 1 –
 - b. Attach the catalog pages describing the institution's grading system.
 - c. Does the institution have an honors program in which students (in this academic unit) can participate?
Give the number of students (in the academic unit) that participated in the last year:

Information about the Faculty

Number of faculty in the academic unit:

- a. Full-time –
- b. Part-time –

Information about Faculty Candidates

Name

Information about Student Candidates

Name

Semester Hours

GPA