

Kappa Delta Pi, International Honor Society in Education

New Collegiate Chapter Application Form



Application for New Collegiate Chapter Checklist:

- Before completing this application, contact Laura Marcou, Chapter Operations Coordinator, at Headquarters at 317.829.1529 or 800.284.3167
- Complete all questions on this application (all fields required)
- Provide undergraduate and graduate Institution catalogs describing Teacher Education Program(s)
- Include at least two letters of support from campus administrators (e.g., University/College Dean, School of Education Dean/Chair, President or Provost)
- Include \$500 one-time installation fee (check or money order)
- Postmark to:

Kappa Delta Pi
Chapter Services/Chapter Development
3707 Woodview Trace
Indianapolis, IN 46268-1158

****Please note: Application will not be processed until all items listed above are received.***

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1. **Name of Institution** _____

2. **Address of Institution** _____

3. **Date Application Submitted** _____

4. **Tentatively Proposed Date for Installation Ceremony** (the first initiation of new members signifying the official beginning of the chapter - *Please plan for a Saturday or Sunday at least 6 months from application submission to allow for application processing and development of chapter*)

5. **Contact Person** _____
(Prefix) (First) (Last)
Address _____
(Street) (City) (State) (Zip)
Title _____ Office Phone _____
Department _____ Home Phone _____
E-mail _____ Fax _____

6. **Chapter Counselor/Advisor** (if different than contact) _____
(Prefix) (First) (Last)
Address _____
(Street) (City) (State) (Zip)
Title _____ Office Phone _____
Department _____ Home Phone _____
E-mail _____ Fax _____
Educational Background _____

7. **Associate Counselor/Advisor** _____
(Prefix) (First) (Last)
Address _____
(Street) (City) (State) (Zip)
Title _____ Office Phone _____
Department _____ Home Phone _____
E-mail _____ Fax _____
Educational Background _____

8. **Why are you/your institution interested in chartering a chapter of Kappa Delta Pi on your campus?**

9. **What goals would you like to achieve by chartering this chapter?**

10. How do you plan to approach the responsibilities of a New Chapter (outlined on the KDP Website) in the first year of chartering a chapter?

11. Institutional Characteristics

A. SUPPORT

_____ Public supported

_____ Private Church-related

_____ Private, non-church related

_____ Independent, church-related

B. INSTITUTION DEMOGRAPHICS

_____ Rural

_____ Suburban

_____ Urban

_____ Other

C. STUDENT BODY (please check all that apply)

_____ Primarily commuter

_____ Traditional Students

_____ Primarily residential

_____ Nontraditional Students

D. HIGHEST DEGREE OFFERED IN ANY FIELD

_____ Baccalaureate

_____ Specialist

_____ Masters

_____ Professional

_____ Doctorate

E. Date institution founded _____

12. Institutional Accreditation

A. _____ Date of initial accreditation of institution by the regional and/or national accrediting association.

B. _____ Date of most recent accreditation of institution by the regional and/or national accrediting association.

C. Name of regional and/or national accrediting association _____

D. Teacher Education program currently accredited by:

_____ NCATE Date _____

_____ State Agency Date _____

_____ Other Date _____

13. Institution enrollment as of most recent fall semester, quarter, or term, including full- and part-time students (approximately): _____.

14. Number of sophomore _____, junior _____, senior _____, Post Baccalaureate. or Alternatively Certified candidates _____, and graduate students _____, in teacher education and other professional education programs as of the most recent fall semester, quarter, or term, including full- and part-time students.

15. At what point are students able to be admitted into the College of Education?

16. Number of faculty members employed by the institution:

- A. _____ Full-Time
- B. _____ Part-Time
- C. _____ Total

17. Number of full- and part-time faculty members in the education unit whose highest earned degree is the following:

	<u>Full-Time</u>	<u>Part-Time</u>	<u>Total</u>
Bachelors	_____	_____	_____
Masters	_____	_____	_____
Doctorate	_____	_____	_____

18. Number of professional education degrees and certificates conferred by the institution for each of the past five years:

<u>Year*</u>	<u>Bachelors</u>	<u>Certificates</u>	<u>M.Ed.</u>	<u>MAT</u>	<u>Specialist</u>	<u>Doctorate</u>	<u>Total</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Begin with most recently completed academic year, September 1 – August 31.*

19. List organizations on your campus whose memberships primarily include teacher education students.

20. Briefly describe unique institutional or teacher education programs, projects, and/or activities that encourage or enhance scholarship.

21. Are you aware of faculty and/or staff who are members of Kappa Delta Pi and who will serve as chapter members and/or mentors?

22. What is the level of support on your campus for starting a chapter of Kappa Delta Pi? Please speak to the willingness of other faculty members to assist with leadership responsibilities.

This institution, if granted a Kappa Delta Pi charter, understands the following bylaws requirements for maintaining a chapter:

- ◆ Hold at least two meetings during the year, which is July 1 – June 30. At least one meeting shall include an initiation.
- ◆ Send a representative to at least one Society meeting (Convocation, Leadership Forum, or other conference) over the course of four years.
- ◆ File required annual reports no later than August 1.
- ◆ Elect chapter officers no later than July 1.
- ◆ Submit new member information and the \$39.00 annual membership dues for *each new member* to Society Headquarters within two weeks of initiation.

Signature of Dean of Education/Division Head _____

Printed Name of Dean of Education/Division Head _____

Title _____

Address _____

Office Phone _____

Date _____

Signature of Chapter Counselor/Advisor _____

Date _____