

## New International Chapter Application



**Kappa Delta Pi, International Honor Society in Education**

Submit this form with any required document, a one-time installation fee (check, bank transfer, or credit card), and letters of support to:

International Chapter Development  
Kappa Delta Pi  
3707 Woodview Trace  
Indianapolis, IN 46268-1158  
USA

# New International Chapter Application

## Kappa Delta Pi, International Honor Society in Education

1. Name of Institution/Association \_\_\_\_\_
2. Address of Institution/Association \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Date of founding of institution \_\_\_\_\_
4. Tentative Date for Installation Ceremony \_\_\_\_\_  
*(Please allow up to 3-4 months for the application process.)*
5. Contact Person \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

Title \_\_\_\_\_ Office Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

6. KDP Chapter/Community Counselor(*if different than Contact*) \* \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

Title \_\_\_\_\_ Office Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

*\*The Counselor is the title given to the leader of the local KDP Chapter/community.*

7. Associate Counselor \_\_\_\_\_

Department/Affiliation \_\_\_\_\_

Title \_\_\_\_\_ Office Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax Number \_\_\_\_\_

### For Institutions

8. Provide the requirements for obtaining each education degree offered by your institution.  
\_\_\_\_\_  
\_\_\_\_\_
9. What criteria is used to admit students into your programs (Please attach any relevant document..)  
\_\_\_\_\_  
\_\_\_\_\_

10. What is the total enrollment in your school of education? \_\_\_\_\_

11. How many students are pursuing each of the degrees offered by your institution? \_\_\_\_\_

\_\_\_\_\_

12. Are your education programs approved/accredited by an independent organization? \_\_\_\_\_

If yes, please name the accrediting organization. \_\_\_\_\_

Please list any awards or commendations the institution has received. \_\_\_\_\_

\_\_\_\_\_

13. Number of faculty members employed by the institution:

A. \_\_\_\_\_ Full-time

B. \_\_\_\_\_ Part-time

C. \_\_\_\_\_ Total

### **For Education Associations/Organizations**

14. What are the mission, vision, and main goals of your organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. How many members are a part of your organization? \_\_\_\_\_

16. Describe the requirements, if any, for joining the association/organization? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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\_\_\_\_\_

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18. What types of educators participate in your organization? (i.e., elementary, secondary teachers, principals, university faculty)

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

- ◆ Hold at least two meetings during the academic year, which is July 1 – June 30. At least one meeting shall include an initiation.
- ◆ Submit new member information and member initiation fees to the Society Headquarters within two weeks of the initiation for each new member.
- Provide KDP Headquarters with the names and contact information of the individuals responsible for the chapter and submit an annual report of the activities of the chapter.

Signature of Dean Division Head/Executive Officer \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

Date \_\_\_\_\_