

## **New Community College Chapter Application Form**



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

Submit this form with institution catalogs describing the teacher education program, a \$500.00 one-time installation fee (check or money order), and two letters of support from campus administrators to:

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

# New Chapter Application Form

## Kappa Delta Pi, An International Honor Society in Education

1. Name of Institution \_\_\_\_\_
2. Address of Institution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Date Application Submitted \_\_\_\_\_
4. Tentative Date for Installation Ceremony (*Please plan 3 months for the application process. It is recommended that installations be on Saturdays or Sundays.*) \_\_\_\_\_
5. Contact Person \_\_\_\_\_

Title	_____	Office Phone	_____
Department	_____	Home Phone	_____
E-mail	_____	Fax	_____
6. Chapter Counselor(*if different than contact*) \_\_\_\_\_

Title	_____	Office Phone	_____
Department	_____	Home Phone	_____
E-mail	_____	Fax	_____
7. Associate Counselor \_\_\_\_\_

Title	_____	Office Phone	_____
Department	_____	Home Phone	_____
E-mail	_____	Fax	_____
8. Institutional Characteristics
  - A. SUPPORT

_____ Public Supported	_____ Church-related
_____ Private, non-church related	_____ Independent, church-related
  - B. STUDENT BODY

_____ Primarily commuter
_____ Primarily residential
  - C. Date of founding of institution \_\_\_\_\_

9. 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:
  - \_\_\_\_\_ State Agency                      Date \_\_\_\_\_
  - \_\_\_\_\_ Other                                      Date \_\_\_\_\_

10. Institution enrollment as of most recent fall semester, quarter, or term, including full- and part-time students, is approximately \_\_\_\_\_.

11. Number of 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, is \_\_\_\_\_.

12. The Percentage of students in teacher education and other professional educational programs that continue onto a four-year institution is \_\_\_\_\_.

13. Number of faculty members employed by the institution:

- A. \_\_\_\_\_ Full-time
- B. \_\_\_\_\_ Part-time
- C. \_\_\_\_\_ Total

14. 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	_____	_____	_____

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

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

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

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 conferences) 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 a \$38.00 per member initiation fee to Society Headquarters within two weeks after the initiation.
- ◆ Maintain and involve three required standing committees – the Executive Committee, the Program Committee, and the Membership Committee.

Signature of Dean of Education/Division Head \_\_\_\_\_

Address \_\_\_\_\_

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

Date \_\_\_\_\_