Application Checklist for New International Chapter:

□ Before completing this application, contact Headquarters by calling 800-284-3167 or by emailing mcs@kdp.org.

□ Include at least two letters of support from campus administrators (e.g. University/College Dean, School of Education Dean/Chair, President, or Provost).

□ Include one-time installation fee (check, money order, credit card, or bank transfer).

□ Postmark to:
   Kappa Delta Pi
   Chapter Development
   3707 Woodview Trace
   Indianapolis, IN 46268
New Chapter Application Form
Kappa Delta Pi, International Honor Society in Education

1. Name of Institution ____________________________________________

2. Address of Institution ____________________________________________

3. Contact Person

   (Prefix) (First) (Last)
   Address __________________________________________________________
   Title ___________________________ Office Phone ________________________
   Department ______________________ Home Phone ________________________
   Email __________________________ Fax _________________________________

4. Chapter Counselor (if different than contact person)

   (Prefix) (First) (Last)
   Address __________________________________________________________
   Title ___________________________ Office Phone ________________________
   Department ______________________ Home Phone ________________________
   Email __________________________ Fax _________________________________

5. Please share with us a little about why you/your institution is interested in chartering an international chapter of Kappa Delta Pi.

6. What goals would you like to achieve by chartering a new chapter?
7. Institutional Characteristics

A. Support
   - [ ] Public supported
   - [ ] Private, church-related
   - [ ] Private, not church-related
   - [ ] Independent, church-related

B. Institution Demographics
   - [ ] Rural
   - [ ] Suburban
   - [ ] Urban
   - [ ] Other

C. Student Body (please check all that apply)
   - [ ] Primarily residential
   - [ ] Tradtional Students
   - [ ] Primarily commuter
   - [ ] Nontraditional Students

D. Highest Degree Offered in any Field
   - [ ] Baccalaureate
   - [ ] Specialist
   - [ ] Masters
   - [ ] Professional
   - [ ] Doctorate

E. Date Institution Founded ________________________________

8. 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 accrediting association(s) ________________________________

9. Enrollment Numbers

___ Total Institution Enrollment (as of most recent fall semester, quarter, or term—including full-and part-time students)
___ Total Teacher Education & Other Professional Education Programs (broken down below)
   ___ Freshman (first-year) standing
   ___ Sophomore standing
   ___ Junior standing
   ___ Senior standing
   ___ Post-Baccalaureate or alternatively-certified candidates
   ___ Graduate level students

10. At what point are students able to be admitted into the education program?
11. Faculty/Staff Members at Institution
   _____ Total Faculty/Staff Members
   _____ Full-Time Faculty
   _____ Part-Time Faculty
   _____ Full-Time and Part-Time Staff

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

    |          | Full-Time | Part-Time | Total |
    |----------|-----------|-----------|-------|
    | Bachelors|           |           |       |
    | Masters  |           |           |       |
    | Doctorate|           |           |       |

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

    | Year* | Bachelors | Certificates | M.Ed. | MAT | Specialist | Doctorate | Total |
    |-------|-----------|--------------|-------|-----|------------|-----------|-------|
    |       |           |              |       |     |            |           |       |
    |       |           |              |       |     |            |           |       |
    |       |           |              |       |     |            |           |       |
    |       |           |              |       |     |            |           |       |

*Begin with most recently completed academic year (September 1 - August 31)

14. List organizations at your institution whose membership primarily include teacher education students.

15. 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.

Signature of Dean of Education/Division Head
Signature of Chapter Counselor

Printed Name of Dean of Education/Division Head
Printed Name of Chapter Counselor

Date (MM/DD/YYYY)  Date (MM/DD/YYYY)

Title  Title