Phi Alpha Social Work Honor Society
Coppin State University
Theta Rho Chapter

“Through Knowledge – the challenge to serve”

Membership Application

The purposes of Phi Alpha Honor Society are to provide a closer bond among students of social work and promote humanitarian goals and ideas. Phi Alpha fosters high standards of education for social workers and invites into membership, those who have attained excellence in scholarship and achievement in social work.

The Coppin State University Chapter, Theta Rho was chartered in 1999. New members are inducted each year during the spring semester.

Requirements for admission are:

- Declared social work major/achieved sophomore status or
- Declared social work as a concentration in liberal arts major.

And

- Completed 9 semester hours of required social work courses:
  - SOWK 379 – Social Work Methods I
  - SOWK 388 – Human Behavior and the Social Environment I

- Declared social work as a major
- Achieved sophomore status
- Completed 9 semester hours of required social work courses
- Achieved top 15% of the social work major
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Required Information:

Name:__________________________________________________________

Address:________________________________________________________

City, State, and Zip code__________________________________________

Telephone Number: Home: ___________________ Cellular____________

Email address: ____________________________
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Expected Date of Graduation: Spring ____ Summer: ____ Fall: ____ 20 ____

Overall GPA: ________ Social Work GPA: ________

Credit hours earned at Coppin: _____ Total credit hours earned: ______

Social Work Courses taken to date, including grades received:
1. ___________________________Grade:_______
2. ___________________________Grade:_______
3. ___________________________Grade:_______
4. ___________________________Grade:_______
5. ___________________________Grade:_______
6. ___________________________Grade:_______
7. ___________________________Grade:_______

Dues: TBA

You must hand deliver your application to: the Social Work Department—Human Services Building, 5th floor, Suite 527

I understand that the officers of Phi Alpha will review my application and transcript to ensure that I meet the requirements for membership. The officers of Phi Alpha have agreed to keep this information confidential.

Signature_________________________________________ Date ______________