Please send to: CT Community Colleges, ATTN: Wendy Robicheau, College of Technology, 3rd Floor 61 Woodland Street, Hartford, CT 06105

Who's Who in Epsilon Pi Tau 🍐

The International Honor Society for Professions in TechnologyInternational OfficeTechnology BuildingBowling Green State UniversityBowling Green, Ohio 43403-0296PHONE: 419-372-2425FAX: 419-372-9502EMAIL: ept@bgsu.edu

# **INITIATION AND ADVANCEMENT FORM**

(Please type or print neatly; when completing electronically, please use the tab key to move from field to field)

Name:	First	Middle	Last	
Current Address:	Street			
	City	State (Cou	State (Country)	
Permanent Address:	Street			
	City	State (Cou	ntry)	Zip (Postal Code)
E-mail Address:				
EDUCATION	School	Location	Degree	Date
High School:				
Technical or 2 year:				
Baccalaureate:				
Masters:				
Doctorate:				
TO BE COMPLETED BY THE CHAPTER TRUSTEE				
Chapter Name	Date Initiated			

Name/Signature

of Trustee

# SUMMARY OF ACCOMPLISHMENTS

This asks you to highlight your accomplishments. Please take a few minutes to enter brief declarative statements under the categories you judge appropriate. At your option you may attach a resume of your background and experience.

Leadership:

**Business/Industry:** 

**Community Service:** 

Military:

Scholarly/Creative Work, Research (Publication, Research Grants, Inventions) Provide as complete a description as possible.

Honors and Awards (As a Student, a Professional, as a Citizen) Include titles, name of organization extending honor award and dates.

# **EPSILON PI TAU DEMOGRAPHICS INFORMATION**

GENDER: \_\_Female \_\_Male

AGE: \_\_\_\_Under 20 \_\_\_\_21-30 \_\_\_\_31-40 \_\_\_\_40 and Over

**ETHNICITY** (Choose one Response):

\_ Hispanic or Latino

\_ Not Hispanic or Latino

\_Do not wish to provide

#### **RACE** (Choose one or more responses):

- \_ American Indiam or Alaska Native
- \_ Asian
- \_ Black or African American
- \_ Native Hawaiian or Other Pacific Islander
- \_ White
- \_ Do not wish to provide

# **DISABILITY STATUS (Choose One or More Responses)**

- \_ Hearing Impairment
- \_ Mobility/ Orthopedic Impairment
- \_ Visual Impairment
- \_ Learning Disability
- \_ None
- \_ Do not wish to provide

# MAJOR/ COLLEGE INFORMATION

- a. Major:
- b. College:

c. Degree:

- d. Expected Date of Graduation:
- e. Current GPA:
- f. Do you plan on continuing onto a 4-year college/ university? YES NO
  - If YES, which university/ college (s) are you considering?

- What major are you planning to pursue?