

# ETA SIGMA GAMMA



## Petition for a Collegiate Chapter

Updated, September 2004

Eta Sigma Gamma

Professional Health Education Honorary

National Office

2000 University Avenue

Muncie, IN 47306

**PETITION FOR A COLLEGIATE CHAPTER OF ETA SIGMA GAMMA**

**Mail to:** Attention: The National President  
 Board of Directors  
 Eta Sigma Gamma  
 2000 University Avenue  
 Muncie, IN 47306

**Please include a check for \$400.00 to cover the installation fee for your new chapter.**

FROM: \_\_\_\_\_  
 (Institution and Department)

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_  
 (Proposed Faculty Sponsor/Advisor)

URL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OFFICIAL POSITION: \_\_\_\_\_

**I. Information regarding university as a whole.** (include all departments, colleges, or schools but omit extension center enrollments).

Item	Date	Undergraduate Students	Graduate Students
Total number of students enrolled for academic work at present (or most recent academic year)	Spring or Fall 20 ____		
Present summer school enrollment (or most recent summer school session)	Summer 20 ____		

**II. A. Information regarding division, department, (college or school)**

Official title (e.g., Department of Health Education)
Degrees offered to majors* in Health Education
Year in which institution first granted undergraduate degree or minor in Health Education: 20 _____
Year in which institution first granted graduate degrees or minor in Health Education: 20 _____

**II. B. Number of resident faculty in Health Education**

Academic Year 20____ - 20 _____	Full-Time	Part-Time
With Doctorate in Health Education		
Without Doctorate		
With Other Doctorate		

**II. C. Please describe the current status of the University's accreditation. By what agency or agencies? Last year of accreditation?**

\* See last page for definition of starred terms throughout.

**III. Information regarding students in residence on full-time\* basis.** (Do not include extension center enrollments. Current or most recent data are required).

<b>Item</b>	<b>Date</b>	<b>Number</b>
Number of students, <u>undergraduate level</u> , <u>majors*</u> in Health Education, enrolled for <u>full-time*</u> residence work during the academic year.	Spring or Fall 20 _____	
Number of students, <u>graduate level</u> , <u>majors*</u> in Health Education, enrolled for <u>full-time*</u> residence work during the academic year.	Spring or Fall 20 _____	
Number of students, <u>undergraduate level</u> , <u>minors*</u> in Health Education, enrolled for <u>full-time*</u> residence work during the academic year.	Spring or Fall 20 _____	
Number of students, <u>graduate level</u> , <u>minors*</u> in Health Education, enrolled for <u>full-time*</u> residence work during the academic year.	Spring or Fall 20 _____	

**IV. Information regarding students in residence on part-time\* basis.** (Do not include extension center enrollments. Current or most recent data are required).

<b>Item</b>	<b>Date</b>	<b>Number</b>
Number of students, <u>undergraduate level</u> , <u>majors*</u> in Health Education, enrolled for <u>part-time*</u> residence work during the academic year.	Spring or Fall 20 _____	
Number of students, <u>graduate level</u> , <u>majors*</u> in Health Education, enrolled for <u>part-time*</u> residence work during the academic year.	Spring or Fall 20 _____	
Number of students, <u>undergraduate level</u> , <u>minors*</u> in Health Education, enrolled for <u>part-time*</u> residence work during the academic year.	Spring or Fall 20 _____	
Number of students, <u>graduate level</u> , <u>minors*</u> in Health Education, enrolled for <u>part-time*</u> residence work during the academic year.	Spring or Fall 20 _____	

\* See last page for definition of starred terms throughout.

V. **Number of degrees granted.**

<b>Degrees Conferred</b>	<b>Date</b>	<b>BS/BA</b>	<b>Masters</b>	<b>Special*</b>	<b>Doctorate</b>
Majors in Health Education during the last <u>complete</u> academic year.	Spring or Fall 20 _____				
Minors in Health Education during the last <u>complete</u> academic year.	Spring or Fall 20 _____				

VI. **References.** Please list the name of the President, Dean, and Department Head of your institution. These individuals are qualified to evaluate **the quality** of your Health Education program as being worthy of a chapter of Eta Sigma Gamma. Also, in the letter from the Department Head, it must be indicated that he or she will actively support a chapter of Eta Sigma Gamma and the faculty sponsor(s) of that chapter. Please obtain these letters on your behalf from these three individuals, and submit them with this application.

The letters should be addressed to the National President, Eta Sigma Gamma, 2000 University Avenue, Muncie, IN 47306.

<b>Name</b>	<b>Position</b>	<b>Address</b>

VII. **Write a brief history of the founding, development and work of petitioning group.**

VIII. **Write an historical overview of the department in which the program is located.**

IX. **Provide the following:**

A. **Academic programs in department:**

B. **List of major and minor requirements**

**C. Copy of catalogue description**

**D. Brief biographical sketch of each faculty member (see next section)**

**X. Who will be proposed faculty sponsor(s) for Eta Sigma Gamma? Describe sponsor's prior involvement with ESG.**

**Name:**

\_\_\_\_\_  
**Signature**

**Name:**

\_\_\_\_\_  
**Signature**

**ETA SIGMA GAMMA  
Collegiate Chapter Application  
Faculty Biographical Sketch**

**Name:**

**Education:**

**University**

**Degree**

**Year Graduated**

**Professional Experience:**

**Eta Sigma Gamma Status:**    \_\_\_ YES    \_\_\_ NO    If yes, since when \_\_\_

**List Other Professional Organizations Member Status:**

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**University**

**Degree**

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**Degree**

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**University**

**Degree**

**Year Graduated**

**Professional Experience:**

**Eta Sigma Gamma Status:**    \_\_\_ YES    \_\_\_ NO    If yes, since when \_\_\_

**List Other Professional Organizations Member Status:**

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**Name:**

**Education:**

**University**

**Degree**

**Year Graduated**

**Professional Experience:**

**Eta Sigma Gamma Status:**    \_\_\_ YES    \_\_\_ NO    If yes, since when \_\_\_

**List Other Professional Organizations Member Status:**

**XI. Signatures of at least fifteen members of the petitioning group.**

- |  |  |
|--|--|
| 1. _____<br>Student: Yes or No Graduation Date:  | 11. _____<br>Student: Yes or No Graduation Date: |
| 2. _____<br>Student: Yes or No Graduation Date:  | 12. _____<br>Student: Yes or No Graduation Date: |
| 3. _____<br>Student: Yes or No Graduation Date:  | 13. _____<br>Student: Yes or No Graduation Date: |
| 4. _____<br>Student: Yes or No Graduation Date:  | 14. _____<br>Student: Yes or No Graduation Date: |
| 5. _____<br>Student: Yes or No Graduation Date:  | 15. _____<br>Student: Yes or No Graduation Date: |
| 6. _____<br>Student: Yes or No Graduation Date:  | 16. _____<br>Student: Yes or No Graduation Date: |
| 7. _____<br>Student: Yes or No Graduation Date:  | 17. _____<br>Student: Yes or No Graduation Date: |
| 8. _____<br>Student: Yes or No Graduation Date:  | 18. _____<br>Student: Yes or No Graduation Date: |
| 9. _____<br>Student: Yes or No Graduation Date:  | 19. _____<br>Student: Yes or No Graduation Date: |
| 10. _____<br>Student: Yes or No Graduation Date: | 20. _____<br>Student: Yes or No Graduation Date: |

**As proposed faculty sponsor(s) for Eta Sigma Gamma, I (we) have personally reviewed and verified the authenticity of all the information recorded in this application.**

**Name:** \_\_\_\_\_  
**Signature**

**Name:** \_\_\_\_\_  
**Signature**

## **DEFINITION OF TERMS**

**Full-time faculty member:** A full time faculty member is a full-time employee of the institution who devotes more than 75% of his or her professional time to the work of the school, college, or Department of Health Education. Such service might include teaching, research, the direction of research by graduate students, supervision of student teaching, administration, or some other combination of such activities. For example, the Professor of Health Education who teaches one course in another department but devotes the rest of the time to Health Education. \*\*At least one person at this level must have a terminal degree in Health Education.

**Part-time faculty member:** A part-time faculty member is either a part-time employee of the institution or a full-time employee who devotes 75% or less time to the school, college, or Department of Health Education. For example, the Professor from another department who teaches one course in Health Education, but devotes the rest of his or her time to working the other department would be considered a part-time faculty member in Health Education.

**Full-time student:** A full-time student is enrolled for more than 50% of the institution's regular course load (which may include courses outside of Health Education) or devotes more than 50% of the time to research or to a thesis project or is spending more than 50% of time and energy at a combination of course work and research. Graduate assistants, assistant instructors, and teaching fellows would be included in this group.

**Part-time students:** A part-time student spends 50% or less time at regular Health Education class work, research, or a combination of both. This means, essentially, that some collegiate work is done, but most of the time and energy are otherwise employed.

**Major or Minor in Health Education:** This is meant to apply to any student who is definitely committed to a program preparing for a major or minor in Health Education.

**Special status:** Special status refers to the rapidly growing sixth-year professional program in education, whether it is a degree or certification provision at your institution. It may be called Specialist in Education, Professional Diploma, Advanced Certificate in Education, Advanced Master of Education, or any of several other titles currently in use. In any event, it is an organized and recognized program beyond the usual master's degree but below the level of the doctorate.

Note: Please tell us what terms are difficult to interpret in accordance with your institution's customs and procedures. Which information was most difficult to secure? Could we gain comparable information concerning the potential strength of your institution by asking another question or by asking the same question in another way? Your suggestions are always appreciated.