Petition to Establish a New Chapter

A. The Institution:

Name ____________________________________________________________

Address ________________________________________________________

Date of Founding _______ Present student enrollment _______

Agencies by which the institution is accredited ________________________

B. The Department of Classics:

Faculty

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<tr>
<th>Name</th>
<th>Degrees</th>
<th>Professional Affiliations</th>
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Majors offered _________________________________________________

Present student enrollment in courses offered by the Department of Classics:

Latin ________ Greek ________ Courses in Translation ________

The undergraduate program in Classics: Courses offered (Rather than listing them, include a copy of catalogue descriptions, if you prefer):

__________________________________________________________________

__________________________________________________________________
Place of Classics in undergraduate degree requirements: ________________________________

__________________________________________________________________________________

__________________________________________________________________________________

C. Classics Club (recommended) or similar organization:

Name ______________________________________________________________________________

Requirements for membership ______________________________________________________________________________________

Date of founding __________ Present student membership ______

Program of the club for the current academic year ____________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Name of prospective faculty adviser _______________________________________________________

Address ______________________________________________________________________________

Phone (____)___________________ e-mail ________________________________________________

Signature ____________________________________________________________________________

Name of contact person (if different from above) _____________________________________________

Address ______________________________________________________________________________

Phone (____)___________________ e-mail ________________________________________________

Signature ____________________________________________________________________________

Signatures of qualified students who are requesting the new chapter:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
It is highly recommended that institutions petitioning for a new chapter ask the dean of the college to send a letter of support for this petition to the executive secretary.

Note: Upon approval of this petition, the new chapter will be expected to pay a one-time fee of $75.

The petition and supporting materials should be mailed to:

Dr. Katherine Panagakos  
Executive Secretary, Eta Sigma Phi  
School of Arts and Humanities  
Stockton University  
101 Vera King Farris Drive  
Galloway, NJ 08205  
Office: (609) 652-4618

Email: etasigmaphinational@gmail.com