

Omicron Delta Kappa

Membership Qualification Questionnaire

By completing this application you will be considered for membership into Omicron Delta Kappa, the national Leadership Honorary.

Please list semesters/involvements that you have **COMPLETED** (Clearly specify current semester activity where appropriate).

This application must be emailed to Ashley Klopfenstein (ank003@marietta.edu), Alexandra Kirsch (ank004@marietta.edu), and Quinci Jones (qlj001@marietta.edu) by Wednesday October 9th at 5:00pm. Applications will not be accepted any other way, and late applications will not be considered.

Note: Having content listed in each section is not required for acceptance.

Personal Information

Name:

Expected Graduation Date:

Major:

Minor(s):

Certificate(s):

Number of semesters completed at MC:

MC Mailbox Number:

Academics

High Dean's List: _____ semesters

Dean's List: _____ semesters

Honors Fellowship or Research Project

Date Completed:

Department:

Academic Honor Societies

Honor Societies	Semester Initiated	Positions Held/Semester(s) Completed

--	--	--

Academic Awards

Award Name	Award Grantor	Semester Received

Other Academic Experiences

Please indicate your involvement in internships, study-abroad, research projects, 5th Street Consulting, etc.

Involvement	Role	Duration

Please list and explain any other academic achievements:

Athletics

Varsity Sport(s)	Number of Semesters Completed	Number of Letters	Captain/Semester(s) Completed

Please list and explain any significant athletic awards you have received:

Campus or Community Service, Social and Religious Activities and Campus Government

Student Government Association

Number of Semesters Completed:

Office(s) Held	Number of Semesters Completed

IFC or Panhellenic Council

Number of Semesters Completed:

Office(s) Held	Number of Semesters Completed

Social Sorority or Fraternity

Name of Organization:

Number of Semesters as a Member:

Office(s) Held	Number of Semesters Completed

Residence Life

Role	Location	Number of Semesters Completed

Pioneer Activities Council Member

Number of Semesters Completed:

Office or Committee Held	Number of Semesters Completed

Faculty/Student/Department Committee (i.e. Curriculum Committee, McDonough Student Advisory Council, etc.)

Committee	Number of Semesters Completed

Professional Department Club (i.e. American Marketing Association, Society of Petroleum Engineers, etc)

Club	Number of Semesters Completed	Offices Held/Number of Semesters Completed

Other Clubs/Organizations (i.e. Biology Club, Chemistry Club, New York Time Leadership Fellows, etc.)

Club/Organization	Number of Semesters Completed	Offices Held/Semesters Completed	Hours per wk/mo/yr

Creative and Performing Arts

Theatre

Please list all full-length productions you have been involved in and check your responsibilities for each production

Full Length Production	(Please mark which of these responsibilities were yours in the given production)					Required for class
	Director	Assist. Dir.	Major Role	Minor Role	Other Responsibilities	

Please list other productions, responsibilities, or awards received through the Theatre Department (for example, major role in one-acts)

Music

Ensemble Name	Number of Semesters Completed	Section Leader/Semester(s)	Offices held/Semesters completed

Please list any awards associated with the Music Department that you have received:

Please list any committees or special assignments you have assisted with:

Journalism, Speech, and Mass Media

Please indicate your involvement in the Marcolian, Mariettana, the Dept. of Strategic Communications and Marketing, etc.

Publication	Number of Semester Completed	Positions(s) held/Number of Semesters Completed

Radio/Television

Please put a mark on any roles you have had at the radio and television stations and indicate the year(s) you were in this role

Station Manager	Technical Staff	Program Producer	Program Supervisor	Other Office (list)	Semester(s)

Other Campus Leadership Experiences (Not previously mentioned or associated with other organizations. These may include but are certainly not limited to, lab/teaching assistants, work-study positions, specialty programs/projects, HOME/PioSoar leader etc.)

Name of Program, Committee, or Group	Number of Semesters	Leadership role(s)/Number of Semesters

Volunteer Service Experiences	Number of Hours Completed	Leadership Role(s)/Number of Semesters	Required for class/or (Yes or No)

I certify that the information given in this application is accurate to the best of my knowledge.

Signature

Date

Authorization to review student records:

I hereby authorize the members of the Golden Key Circle of Omicron Delta Kappa to review and discuss my grades and records of extracurricular activities. This information will be used exclusively for the purpose of reviewing my candidacy for membership in Omicron Delta Kappa.

Signature

Date

You will be notified no later than October 25th regarding your application. Thank you for applying