

Omicron Delta Kappa Membership Qualification Questionnaire

By completing this application you will be considered for membership into Omicron Delta Kappa, the national Leadership Honorary. If accepted, there will be a required \$115 fee due prior to induction.

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

This application must be printed, signed, and sent to **Eric Wilken, campus mailbox 6, by Friday, February 9th at 4:00P.M.** *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(s): _____ Minor(s): _____
 Certificate(s): _____ Number of semesters completed at MC: _____
 MC mailbox number: _____

I. Academic Honors

High Dean's List _____ semesters

Dean's List _____ semesters

Honors Fellowship or Research Project

Date completed _____ Department _____

<u>Honor Societies</u>	<u>Semester Initiated</u>	<u>Positions held/Semesters(s) Completed</u>

Please list and explain any other academic achievements:

II. Athletics

<u>Varsity Sport(s)</u>	<u>Number of Semesters Completed</u>	<u>Number of Letters</u>	<u>Captain/Semesters(s) Completed</u>
<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>

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

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

Student Government Association Member

Number of Semesters Completed: _____

Office(s) held

Number of Semesters Completed

<hr/>	<hr/>
<hr/>	<hr/>
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IFC or Panhellenic Council

Number of Semesters Completed: _____

Office(s) held

Number of Semesters Completed

<hr/>	<hr/>
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Social Sorority or Fraternity

Name of Organization: _____

Number of Semesters as a Member: _____

Office(s) held

Number of Semesters Completed:

Residence Life

Resident Assistant location(s): _____

Number of Semesters Completed: _____

Assistant Community Coordinator location(s): _____

Number of Semesters Completed: _____

Pioneer Activities Council Member

Number of Semesters Completed: _____

Officer or Committee Head

Number of Semesters Completed

Faculty/Student/Departmental 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.)

<u>Club/Organization</u>	<u>Number of Years Completed</u>	<u>Offices held/Years Completed</u>	<u>Hours per wk/mo/yr</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Creative and Performing Arts

Theatre

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

<u>Full length production</u>	<u>Director</u>	<u>Assist. Dir.</u>	<u>Major role</u>	<u>Minor role</u>	<u>Other responsibilities</u>	<u>Required for class</u>
(Please mark which of these responsibilities were yours in the given production)						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

Music

<u>Ensemble Name</u>	<u>Number of Semesters Completed</u>	<u>Section Leader/Semesters(s)</u>	<u>Offices held/Semesters completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

V. Journalism, Speech, and Mass Media

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

<u>Publication</u>	<u>Number of Semesters Completed</u>	<u>Position(s) held/Number of Semesters Completed</u>
<hr/>	<hr/>	<hr/>
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Forensics

Completed semester(s) of participation: _____ Total number of rounds _____ Number of events _____

Specific events:

Radio/Television

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

<u>Station Manager</u>	<u>Technical Staff</u>	<u>Program Producer</u>	<u>Program Supervisor</u>	<u>Other Office (list)</u>
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VI. 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, etc.)

<u>Name of Program, Committee, or Group</u>	<u>Number of Semesters</u>	<u>Leadership role(s)/Number of Semesters</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Volunteer Service Experiences</u>	<u>Semester or One Occurrence</u>	<u>Leadership role(s)/Number of Semesters</u>	<u>Required for class/org</u> (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 Gold 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 23rd regarding your application. Thank you for applying!