

**The purposes of Sigma Theta Tau International are:**

1. Recognize superior achievement.
2. Recognize the development of leadership qualities.
3. Foster high professional standards.
4. Encourage creative work.
5. Strengthen commitment to the ideals and purposes of the profession.



Sigma Theta Tau International  
**Honor Society of Nursing**

# Membership Intent Form

\_\_\_\_\_ Chapter

## Undergraduate Student

**CRITERIA:** Each undergraduate candidate for membership is required to meet the criteria for the undergraduate category of membership. Undergraduate students are required to have completed ½ of the nursing curriculum, have at least 3.0 GPA on a 4.0 grading scale, rank in the upper 35% of the graduating class and meet the expectation of academic integrity.

Name \_\_\_\_\_  
(last) (first) (middle initial)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Present Level in Nursing Program (circle one): Junior Senior

Undergraduate Nursing Courses Completed:

_____	_____
_____	_____
_____	_____
_____	_____

Under the provisions of the "Family Educational Rights and Privacy Act of 1974," I grant access to my academic record to the Chapter Eligibility Committee chairperson for consideration of my membership to Sigma Theta Tau International. I understand this invitation may be revoked between now and induction or thereafter if I am found guilty of a breach in academic integrity or other behaviors/actions inconsistent with the principles of the society.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Please attach to this form two letters of support or membership endorsement forms. (At least one of the two endorsers is required to be a member of the nursing faculty. At least one of the two endorsers is required to hold active membership in Sigma Theta Tau International.)

\* Option: A transcript may be required.

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\_\_\_\_\_ Chapter

## Graduate Student

**CRITERIA:** Each graduate (master's or doctoral) candidate for membership is required to meet the criteria for the graduate category of membership. Graduate students are required to have completed  $\frac{1}{4}$  of the required graduate curriculum, have achieved a 3.5 GPA on a 4.0 grading scale or its equivalent, and meet the expectation of academic integrity.

Name \_\_\_\_\_  
(last) (first) (middle initial)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Graduate Nursing Courses Completed:

_____	_____
_____	_____
_____	_____
_____	_____

Under the provisions of the "Family Educational Rights and Privacy Act of 1974," I grant access to my academic record to the Chapter Eligibility Committee chairperson for consideration of my membership to Sigma Theta Tau International. I understand this invitation may be revoked between now and induction or thereafter if I am found guilty of a breach in academic integrity or other behaviors/actions inconsistent with the principles of the society.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Please attach to this form two letters of support or membership endorsement forms. (At least one of the two endorsers is required to be a member of the nursing faculty. At least one of the two endorsers is required to hold active membership in Sigma Theta Tau International.)

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\_\_\_\_\_ Chapter\*

## Nurse Leader

**CRITERIA:** Nurses must be registered nurses, legally recognized to practice in their country with a minimum of a baccalaureate degree or the equivalent in any field, and have demonstrated achievement in nursing.

Name \_\_\_\_\_  
(last) (first) (middle initial)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Former Education (list highest degree first and attach a copy of documentation for the highest degree received):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check areas of achievement in nursing:

\_\_\_\_\_ Education

\_\_\_\_\_ Administration

\_\_\_\_\_ Practice

\_\_\_\_\_ Publication

\_\_\_\_\_ Research

\_\_\_\_\_ Other (please indicate)

Please list your most recent (last five years) contributions to nursing in areas checked above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*If you do not have a connection with a Sigma Theta Tau International chapter, please indicate connections you have with any U.S. universities. Also, if you are unsure which chapter to join, please return this form to Sigma Theta Tau International headquarters, Chapter Services Manager, 550 West North St., Indianapolis, IN 46202.