

Beta Alpha Psi - Baruch College Pledge Application

First Name *: _____

Last Name *: _____

Social Security Number *: _____

Baruch email *: _____

Non Baruch email: _____

Permanent Street Address *: _____

Address: _____

City *: _____

State *: _____

Zip *: _____

Phone Number *: _____

Date of Birth *: _____

Student Status: _____

Degree Seeking *: _____

Concentration *: _____

Hobbies/Interests: _____

Favorite Food: _____

Quote: _____

Current Employment: _____

Where you see yourself in 5 years: _____

Credits Completed At Baruch: _____

Credits completed elsewhere: _____

Cumulative Grade Point Average: _____

Disclaimer to sign

- I hereby give the right to Beta Alpha Psi to verify the accuracy of the above information. I understand the requirements for membership and will fulfill my requirements as a pledge for the duration of t of the pledge process to the best of my abilities and understand that it is mandatory to fulfill them in order to be considered for membership.

Sign here _____

Date _____