



Lambda Nu

Emory University Medical Imaging Program, Attn. Barbara Peck, 531 Asbury Cir, N112, Mailstop 1600-002-1AA, Atlanta, Ga. 30322, 770-712-7823, Fax 770-712-7256
bpeck@emory.edu, www.radiology.emory.edu/medimag

Alumni Application

1. Name of alumni as it should appear on the certificate (please print):

First	Middle (if desired)	Last
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2. Empli ID _____ or SS# _____

3. Year graduated _____

4. Address: _____

5. Email address _____

6. Criteria: **Check all that apply**

Graduated with a Cumulative GPA 3.5 or higher on 4.0 scale from Emory University's Medical Imaging or Radiologic Technology program. **GPA** _____

Evidence of professional commitment beyond minimum requirements of the program, including, but not limited to: **(A minimum of one is required.) (*Please submit documentation.)**

- GPA higher than Chapter minimum
- Actively pursuing an independent research project*
- Active membership in a professional organization, as evidenced by:
 - Holding office or committee appointments*
 - Preparing for presentation of a professional paper or poster*
 - Preparing for competition in a Quiz-Bowl or other academic competitions*
- Clinical-based employment in a radiologic or imaging sciences field*
- Other: Please specify _____*

7. A one-time alumni induction fee of \$40 must be enclosed. Make checks payable to "Emory University Lambda Nu Honor Society"

"By my signature I hereby attest that I graduated in good standing from the institution of the above chapter. I further attest that I have met the criteria for membership as indicated above. "

Signature of Applicant

Date

