



**Lambda Nu**

National Honor Society for the Radiologic and Imaging Sciences.  
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](mailto:bpeck@emory.edu), [www.radiology.emory.edu/medimag](http://www.radiology.emory.edu/medimag)

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**Student Application**

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

\_\_\_\_\_

First	Middle (if desired)	Last
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2. Empli ID \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Professional course cumulative GPA 3.5 or higher on 4.0 scale after three full time semesters (or equivalent) of a professional program. **Current GPA** \_\_\_\_\_

Enrollment in a radiologic or imaging sciences program as a full time student for at least one year. (or equivalent) **Enrollment Date** \_\_\_\_\_

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 \_\_\_\_\_\*

**5. A one-time student 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 am enrolled in and in good standing at the institution of the above chapter. I further attest that I have met the criteria for membership as indicated above. "*

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Signature of Applicant

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Date