

Beta Alpha Psi
Semester Membership Form page 2
To be completed by pledges only

Please provide grades for all accounting courses completed including repeated courses and transfer credit. Your signature below will indicate permission for these grades to be verified by the faculty advisor. Only the faculty advisor will have access to your transcript.

	Undergraduate	Graduate
Overall GPA		
Hours completed		
Upper division Accounting GPA		

Course	ACCT	Original Grade	Repeated Grade	Transfer Grade
Principles I	2310			
Principles II	2311			
Intermediate I	3311			
Intermediate II	3312			
Cost	3315			
Advanced Cost	4315			
Individual Tax	3316			
Advanced Tax	4316			
AIS	3320			
Auditing	4317			
Advanced	4312			
Governmental	4304			

Signature _____

Date _____

*Please return this form to
 Department of Accounting, COB 204*

Beta Alpha Psi
SEMESTER MEMBERSHIP FORM
Please Print

Student ID# _____

Name _____

School/Local Address _____

Telephone Home: _____

Alternate: _____

Permanent Address (if different) _____

Date of Birth _____

Email Address _____

Membership Category Requested

- Active member of Beta Alpha Psi
- Pledge of Beta Alpha Psi (complete back of this form)
- Accounting Associate

Undergraduate students only

Expected Graduation Date _____ (sem/yr)

(check one)

- I plan on entering UCA's Master's program.
- I plan on entering a Master's program elsewhere.
- I do not plan on entering any Master's program.
- Unsure about graduate school

Graduate students only

Expected Graduation Date _____ (sem/yr)

Signature _____

Date _____

Please return form to Department of Accounting, COB 204

MEMBERSHIP DUES

Please pay by February 5, 2010

\$20/semester for Beta Alpha Psi

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Cut or fold here