



The International Foreign Language Honor Society

Phi Sigma Iota

Member of the Association of College Honor Societies

NEW CHAPTER APPLICATION

The mission of the Society is

- the recognition of outstanding accomplishment in the study or teaching of a foreign language,
- an appreciation for diverse points of view, derived from the knowledge and use of a foreign language,
- the encouragement of a lifelong commitment to the study and promotion of foreign languages and cultures,
- and the pursuit of research in foreign languages and cultures.

Colleges and universities which grant baccalaureate or advanced degrees that support this mission may establish chapters with the Society.

INSTITUTION: _____ **Web site** _____

ADDRESS: _____

DATE ESTABLISHED: _____ **ACCREDITED BY:** _____

CLASSIFICATION (denominational, private, state-supported, etc.) _____

HONOR SOCIETIES ALREADY ON CAMPUS (list first those for languages, if any)

ACADEMIC SYSTEM: **SEMESTER** _____ **QUARTER** _____

CREDIT HOURS REQUIRED FOR THE BACHELOR'S DEGREE:

Languages _____ English _____ Natural Science _____ Philosophy _____

Mathematics _____ Psychology _____ Social Science _____ Other _____

LANGUAGE REQUIREMENTS FOR A NON-MAJOR IN LANGUAGES: _____

PERCENTAGE OF LANGUAGE CLASSES AT THE THIRD-YEAR LEVEL OR HIGHER TAUGHT IN THE TARGET LANGUAGE:

Language _____ Percent _____ Language _____ Percent _____

Language _____ Percent _____ Language _____ Percent _____

Language _____ Percent _____ Language _____ Percent _____

NUMBER OF MAJORS IN EACH LANGUAGE TAUGHT OVER THE LAST THREE YEARS:

	2013-14	2014-15	2015-16
Language _____	_____	_____	_____
Language _____	_____	_____	_____
Language _____	_____	_____	_____
Language _____	_____	_____	_____

AVERAGE LANGUAGE GRADUATES EACH YEAR AT ALL LEVELS: _____

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FOREIGN LANGUAGE FACULTY (name, degree, years of service in the department, rank, and language):

DOES THE INSTITUTION HAVE A LANGUAGE REQUIREMENT? ___ NO. ___ YES. **PLEASE INCLUDE SPECIFICS:** _____

Advisor's name _____ **E-mail address** _____

Position _____ **Date** _____

Signatures of:

**Faculty member submitting
this request**

Language Department Chair

Dean of the College

Please print. (All correspondence will be sent to this address.)

Advisor's Name: _____

Mailing address: _____

Telephone number: _____

Fax number: _____

Please mail

- this application,
- a letter stating how the institution will demonstrate compliance with the four points of the mission statement,
- a copy of the catalog listing for qualifying academic departments, and study abroad/international programs,
- sample syllabi for a course at the third-year level or above in each language area in which the institution offers a major or minor, and
- \$25.00 application fee

to:

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Meadville, PA 16335-3903