

RECOMMENDATION FOR ELECTION
OF FACULTY TO REGULAR MEMBERSHIP

Alpha Sigma Mu

THE INTERNATIONAL PROFESSIONAL HONOR SOCIETY FOR MATERIALS SCIENCE AND ENGINEERING

All information must be typed

Date of Election: _____

To the Secretary and the Board of Trustees:

As the Alpha Sigma Mu Chapter Faculty Advisor or Department Chair of the Department of _____
_____ at _____

I recommend the election:

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(Name as it should appear on membership certificate)

a faculty member in the department to membership in Alpha Sigma Mu. I certify the candidate possesses the high levels initiative, leadership and integrity required of members of Alpha Sigma Mu.

Name of Candidate: _____
(Last) (First) (Middle)

Mailing Address: _____

Permanent Address: _____

Action of Board of Trustees	LOCAL CHAPTER	
Date Approved	Faculty Advisor Signature	_____
_____	Faculty Advisor Name	_____
	Chapter Secretary Signature	_____
	Chapter Secretary Name	_____