



Alpha Epsilon Delta

The Health Preprofessional Honor Society

Candidate Statement/Verification Form

Candidate Statement: I hereby acknowledge an invitation to become a National Member of Alpha Epsilon Delta. I have fulfilled all membership requirements. It is my intent to improve the Society by investing my energy, enthusiasm, and commitment. By Signing this form, I am authorizing the release of my GPA information to the AED Office and my Chapter Advisor.

**Both GPAs are required for Student Membership*

Candidate's (Signature)

Date

Chapter Standards for Active Involvement and Community Service Hours Verification: The above candidate has been enrolled in an institution of higher education for a minimum of three semesters or five quarters and has met the chapter standard for active membership for 3 consecutive semesters and the chapter standard for community service hours.

Chapter Secretary (Signature)

Date

Chapter GPA Verification: The above candidate has been enrolled in an institution of higher education for a minimum of three semesters or five quarters and has attained a _____ science and math (BCPM) GPA **AND** a _____ overall GPA (based on a **4.00** scale).

Chapter Advisor (Signature)

Date