



Chapter Installation Application

Name of College or University

Department and Street Address

City

State

Zip

Name and Title of Official Reporting

Phone

Email

Institutional Data

Students: Full-time Undergraduate _____ Full-time Graduate _____

Faculty, Full-time _____

Dates of Accreditation and Accrediting Organization(s):

Departmental Data

Department name, with date of establishment if different from date college was established:

Number of full-time departmental faculty teaching political science courses: _____

Number of full-time departmental faculty with PhD in Political Science: _____

Number of current political science majors: _____
Undergraduate Graduate

Number of political science courses offered: _____
Undergraduate Graduate

Number receiving degrees in political science in the last calendar year:

Bachelor's

Master's

PhD

Return this form, with a (1) a copy of your college catalog and (2) a current cv for each faculty member to:

Pi Sigma Alpha National Office
1527 New Hampshire Avenue, NW
Washington, DC 20036