



### Application to Upsilon Phi Delta

Date \_\_\_\_\_  Undergraduate

Name: \_\_\_\_\_ G# \_\_\_\_\_  Graduate

**Permanent Mailing Address**

Street	Apt. No.
_____	_____
City	State      Zip Code
_____	_____

GMU email \_\_\_\_\_

Permanent email \_\_\_\_\_ LinkedIn Account \_\_\_\_\_

**(Expected) Graduation Date** \_\_\_\_\_

*NOTE: IF YOU PLAN TO GRADUATE THIS (CURRENT) SEMESTER, YOUR APPLICATION MUST BE COMPLETED/DELIVERED NO LATER THAN 3 WEEKS PRIOR TO CONVOCATION.*

**Number of credits completed:** \_\_\_\_\_ **Major:** \_\_\_\_\_

*UPD requires completion of a minimum 15 undergraduate credit hours or 12 graduate credit hours in Health Administration*

**Current GPA:** \_\_\_\_\_

*UPD membership requires an undergraduate minimum GPA of 3.25 and a graduate minimum GPA of 3.5 in qualified courses. HAP faculty will verify this information with official George Mason University transcripts.*

**Mail your application to:**

**OR Drop off location:**

Health Administration and Policy Upsilon Phi Delta CHHS-HAP 4400 University Drive, MS1J3 Fairfax, VA 22030	Health Administration and Policy Regina Young (ryoung26@gmu.edu) Peterson Hall Room 4400
--	---