



Application for Candidacy Form

All fields required

Last Name: _____

First Name: _____

Sam ID: _____

Street Address: _____

City, State, ZIP: _____

Email address: _____

Phone number(s): _____

Birthday: _____

Gender:

- Female
- Male

Student Classification:

- Freshman
- Sophomore
- Junior
- Senior
- Graduate

What is your major?

- Accounting
- Finance
- MIS

Expected Graduation Semester and Year: _____

Were you a candidate in a previous semester?

- Yes
- No

If yes, what semester and year? _____

Do you agree to allow the VP-Membership to review your academic record?

- Yes
- No

Do you understand that, while you may be a candidate, you will not be initiated into membership until you have fully completed all candidate requirements?

- Yes
- No

Will you allow your candidate points to be published along with all other candidates in an Excel document (for your review purposes only)?

- Yes
- No

Please read the BAP Information Management and Privacy policies posted on this website. Do you agree with these stated policies, including the right to opt out of any of the terms by notifying the Chapter president or faculty advisor in writing?

- Yes
- No, I understand that this choice will make me ineligible for candidacy.

If you need to provide additional information about coursework or other items, please provide that information here:
