

Tennessee State University Graduate School Organization (GSO)

**MEMBERSHIP APPLICATION FORM**

**PLEASE PRINT LEGIBLY**

**Contact Information**

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| Name: | |  | | | | | | | | | | | T-Number: | | | | |  | | |
| Degree: | | |  | | | Major: | |  | | | Concentration: | | | |  | | | | | |
| Street Address: | | | | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | State: |  | | | | | | Zip Code: | | | |  |
| Cell Phone: | | | |  | | | | | | Alternate Phone: | | | | | | |  | | | |
| Preferred Email Address: | | | | | | |  | | | | | | | | | | | | | |
| Have you previously served in a student organization? | | | | | | | | | | | |  | Yes |  | | | |  | No | |

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| What would you like to see the Graduate School Organization address? |
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| Are you interested in a leadership position? If so, which one? |
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| What days of the week are convenient for you to attend GSO meetings? |
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| What time of the day best fits your schedule to attend GSO meetings? |
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| Additional Comments: |
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