

Chapter Application Form

To submit an application to charter a chapter of Alpha Beta Gamma, complete this form and mail it along with the application fee to:

Alpha Beta Gamma™
P.O. Box 253
Tarpon Springs, FL 34688

CHAPTER ADVISER INFORMATION

Name of Primary Chapter Adviser_____

Office Address_____City_____State____Zip_____

Office Email_____Phone_____Fax_____

Home/Cell Phone_____

COLLEGE INFORMATION

Name of College_____

Street Address_____City_____State____Zip_____

Year College was Established_____Accreditation_____

Grading System_____Credits Required for Graduation_____

Degrees Offered in Business & Professional Studies () A.A. () A.S. () A.A.S. () A.O.S.

Other_____

GENERAL INFORMATION

Name of Business/Professional Studies Division/Dept. Chair_____

Name of College President_____Admissions Director_____

List three 4-year schools which accept many of your Business & Professional Studies Students

Name_____Address_____

City_____State____Zip_____

Name_____Address_____

City_____State____Zip_____

Name_____Address_____

City_____State____Zip_____