



Sigma Kappa Delta

English Honor Society for two-year colleges

Request to Reactivate Chapter

Date: _____

Name of Institution

Address

Name of Advisor

Advisor's Address

Advisor's School Telephone Number

Advisor's Email Address

Signatures of approval to reactivate from your college president and department chair are required below:

Signature of College President

Signature of Department Chair

List below a minimum of six eligible students requesting membership.

Signatures

Typed Names

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

(Continue signatures on reverse side if necessary)

Send completed form to skd@niu.edu.

*Reactivating chapters retain the original Greek name of the chapter.