SIGMA TAU DELTA
INTERNATIONAL ENGLISH HONOR SOCIETY
Transforming the World with Words

Sigma Tau Delta Chapter Reactivation Form

Lead Advisor Information	
Name of College or University	
Title of Person who will be Lead Faculty Advisor	☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐Ms. ☐ Mx. ☐ Prof.
Name of Lead Faculty Advisor	
Lead Faculty Advisor Telephone	
Lead Faculty Advisor Email	

Mailing Address (for correspondence, including checks) *We cannot solely use P.O. Boxes*			
Physical street address			
Secondary address			
City		State	
Zip		Country	

Shipping Address (for pins)			
☐ Our Shipping address is the same as our mailing address			
Address Line 1			
Address Line 2			
City		State	
Zip		Country	

Co-Advisor Information (if applicable)	
Title of Person who will be Co-Faculty Advisor	☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐Ms. ☐ Mx. ☐ Prof.
Name of Co-Faculty Advisor	
Co-Faculty Advisor Telephone	
Co-Faculty Advisor Email	

Form Submission			
Please submit	☐ The completed Reactivation Form; and ☐ The reapplication fee of $25 is payable by check to "Sigma Tau Delta" or credit card (please email sigmatd@niu.edu for an invoice).		
By Mail	Sigma Tau Delta Department of English Northern Illinois University 1425 W Lincoln Hwy DeKalb IL 60115	By Email	sigmatd@niu.edu