



Fraternity and Sorority Life Intake Form

Semester _____

Year: _____

Intake Delivery:

- The Officers and Members of _____ (Chapter) of _____ (Organization) would like to request approval to host Intake this semester.
- We _____ (Chapter) of _____ (Organization) will not be participating in Intake this semester.

Schedule for Intake Activities

Please note you will need to include all dates for any events/activities that relate to intake/recruitment. You will need to submit a Registration of Activities for **all** on-campus activities related to intake/recruitment.

Event/Activity Type	Date (s)
Interest Meeting/Informational/Party	
Membership Invitation/Bid/Membership Acceptance	
New Membership Pinning/Ceremony	
New Member Education (Start to End Dates)	
New Member Initiation	
New Initiation Presentation/New Member Ritual	
Other: _____	

Chapter Member in Charge of Intake

First and Last Name _____ Phone Number _____
W# _____ Southeastern Email _____

Chapter Member in Charge of New Member Education

First and Last Name _____ Phone Number _____
W# _____ Southeastern Email _____

Advisor Supervising Intake

First and Last Name _____ Phone Number _____
Email Address _____

Advisor Supervising New Member Education

First and Last Name _____ Phone Number _____
Email Address _____

We attest the above information is accurate and correct to the best of our knowledge. We also agree to abide by all University policies and inform the Office for Student Engagement of any changes to the above information.

Chapter President's Signature: _____ Date: _____

Chapter Advisor's Signature: _____ Date: _____

Assistant Director of Fraternity and Sorority Life: _____ Date: _____

Director of Student Engagement: _____ Date: _____