Student Engagement
SOUTHEASTERN LOUISIANA UNIVERSITY

Membership Deletion Request Form

Semester Spring **Year:** 2026

Chapter Name: _ Zeta Phi Beta _____

Chapter President's Name (Print):_____

Chapter President's Signatures:_____ Date: _____

Chapter Advisor's Name (Print):_____

Chapter Advisor's Signatures:_____ Date: _____

Please type in the student's name, student w#, and Reason for Deletion (for example: graduated, Alum Status, self-withdrawal, new member signed bid but withdrew, etc.) It is your responsibility to make sure any student who is no longer in your chapter is submitted on a Deletion Form. Deletions will not be authorized with a legitimate reason. All requests for deletions will be due by the designated deadline set by the Office for Student Engagement. Please submit your form to the Office for Student Engagement or via email fsl@southeastern.edu. A confirmation copy of this form will be emailed to the President and Advisor once processed.

First Name & Last Name	W#	Reason for Deletion	Staff Member (Office Only)	Effective Date (Office Only)

Office for Student Engagement Staff: _____ Date Completed: _____

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

Director of Student Engagement: _____ Date: _____