Southeastern Louisiana University Greek Life
Membership Roster Deletions

Organization Name:_____

Chapter President's Name (Print): _____

Chapter President's Signature:_____

Chapter Advisor's Name (Print): _____

Chapter Advisor's Signature: _____

Please type in the student's name, student's ID number, and reason for each roster deletion. Deletions will not be authorized without legitimate reason(s). All requests for deletions will be due each semester on the last day to withdraw or resign from the University. Completed forms should be returned to the Office for Student Engagement. **A confirmation copy of this form will be emailed to the president and advisor once processed.**

Name	W Number	Reason for Deletion	Staff Member (Office Use)	Effective Date (Office Use)	Confirmation Sent Date (Office Use)

For Office Use:
Date Received in Office: _____
Received By: _____