



### Membership Deletion Request Form

Semester       Fall       Spring      Year: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

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 without 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](mailto: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: \_\_\_\_\_