



Fraternity and Sorority Life Intake Form

Semester [] Fall [] Spring Year: _____
Intake Delivery: [] In-Person [] Virtual [] Hybrid

- [] 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 activities related to intake/recruitment.

Table with 2 columns: Event/Activity Type, Date (s). Rows include Interest Meeting, Membership Invitation, New Membership Pinning, New Member Education, New Member Initiation, New Initiation Presentation, and 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: _____
Coordinator of Fraternity and Sorority Life: _____ Date: _____
Director of Student Engagement: _____ Date: _____