

Initiation

Date of Initiation: _____ Time: _____

Location of Initiation: _____

Date of Presentation: _____ Time of Presentation: _____

By completing this form, I understand that I am stating on behalf of my organization that the above information is true, to the best of my knowledge. I also recognize that should any changes take place in the scheduling of events, I will report these changes to the Director of Student Life. I also understand that all submitted information will remain confidential in the Office of Student Life.

President's Print Name: _____ Date: _____

President's Signature: _____ Date: _____

Advisor's Print Name: _____ Date: _____

Advisor's Signature: _____ Date: _____

For Office Use Only:

_____ Date of Submission

_____ Intake Request Accepted /Denied

_____ Copy Sent to Chapter/Graduate Advisor

_____ Received copy of required paperwork from Regional/National