Intake Petition Form

This form must be submitted to the Office of Fraternity and Sorority Life at least 14 days prior to the commencement of Intake Activities. Chapters should verify that public documents of the fraternity/sorority intake procedure be on file at the office in 218 Trabant University Center. Please complete the form with names of the candidates for membership intake. Only candidates that are enrolled at The University of Delaware during the semester in which intake is scheduled to occur are eligible for membership intake. This form will be kept confidential and will be shared only with proper university officials.

Fraternity/Sorority _____

Chapter member responsible for membership intake_____

Phone number_____

Email_____

Dates of membership intake: Start:_____ **End**:_____

Has membership intake been approved by the Graduate Chapter and/or the National Office? Yes No

If yes, who has approved the dates of membership intake for your chapter?

Name: _____ **Phone:**_____

Email: _____

Candidate's name	**Student Email**	**Cumulative GPA**	**Registered on-Line?**	**FT UD Student?**
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

Candidates listed are _____eligible _____ineligible for Membership Intake.

_____ _____

Chapter President Date

_____

Assistant Director of Student Centers Date
(or) Coordinator, Multicultural & Special Interest Greeks