



**Fraternity and Sorority Life**

**Verification of Aspirants/Potential New Members**

Must be TYPED-Due no later than three (3) calendar days prior to invitation/extending a bid for the Membership Education process (additional sheets may be attached if necessary)

*Please return completed forms via Webcourse.*

<b>Semester:</b>	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
<b>Year:</b>	
<b>Organization:</b>	
<b>Total Number of Aspirants/Potential New Members:</b>	
<b>Date of Initiation Ceremony:</b>	

**A. Declaration**

We hereby declare that as of \_\_\_\_\_ (date submitted), the individuals listed below are aspirants for membership into our organization and will be duly initiated per the approval of our regional and/or inter/(inter) national representative(s).

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Chapter President Name	Signature	Email
Date _____		

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Membership Education/Intake Coordinator Name	Signature	Email
Date _____		

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Advisor Supervising New Member Education/Intake Name	Signature	Email
Date _____		





UNIVERSITY OF CENTRAL FLORIDA

**Fraternity and Sorority Life**


*Questions regarding this information should be directed to the office of Fraternity and Sorority Life 407-823-2072 or [ucfgreek@ucf.edu](mailto:ucfgreek@ucf.edu)*