

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.

Semester:	Fall_/Spring_	
Year:		
Organization:		
Total Number of Aspirants/Potential New Members:		
Date of Initiation Ceremony:		
A. Declaration We hereby declare that as of aspirants for membership into our or of our regional and/or inter/(inter) nate Chapter President Name Date	ganization and will be duly init	
Membership Education/Intake Coord	linator Name Signature	Email



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B. Anti-Hazing Policy/ Grade Release Agreement (attach an additional sheet if more space is needed)

By signing below, I attest that I have reviewed State of Florida statute on hazing, the UCF Hazing Policy from the Golden Rule Student Handbook, and the office of Fraternity and Sorority Life New Member Education Expectations have been reviewed and explained to me. I understand that I am not to engage in any activities that violate the policy or law. I understand that all illegal actions must be reported to the office of Fraternity and Sorority Life and that failure to do that could result in judicial action against me.

By signing below, I give permission for the office of Fraternity and Sorority Life to check my academic status, enrollment status (Per the UCF Golden Rule, membership is limited to any UCF student paying activity and service fees and currently or continuously enrolled,) grades (UCF FSL requires a minimum 2.5 overall high school GPA OR if any college credit has been earned a cumulative college GPA of 2.5 to join a UCF fraternity or sorority. NOTE: some chapters require a higher GPA than 2.5) and disciplinary records at the University of Central Florida. I further give my permission for FSL to release this information to the chapter and/or council listed above. This release will expire on the day that I disassociate, or otherwise discontinue my membership with this organization.

Name (Last, First)	Signature	UCF Student ID	Cum. GPA



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