



OFFICE OF FRATERNITY
& SORORITY AFFAIRS

New Member Education/Intake Program Cover Sheet

**NEW MEMBER EDUCATION/INTAKE MAY NOT START UNTIL APPROVAL OF PROGRAM BY
THE OFFICE OF FRATERNITY AND SORORITY AFFAIRS**

Fraternity/Sorority: _____

New Member Educator/Intake Coordinator Name: _____

Email: _____ Phone: _____

At a minimum, your new member education/intake program must include the following:

- ❖ Statement of purpose – including mission and goals of the program
- ❖ Expectations of stakeholders involved – new members/candidates, actives, alumni, etc.
- ❖ Information on hazing prevention and awareness efforts
 - Anti-hazing statement
 - Chapter/University hazing reporting protocol
 - Lehigh Student Affairs Hazing Prevention website - <http://studentaffairs.lehigh.edu/hazing-prevention>
- ❖ Detailed description of all new member/intake activities (**include calendar with dates, times and locations**)
 - Interactions with other groups/chapters
 - Big Brother/Big Sister/Mentor program

We, the undersigned, certify that we have read and agree to abide by the University and our respective council (IFC, CGC or Panhellenic) policies and regulations concerning new member/candidate education and hazing.

New Member Education/Intake Coordinator (Sign) _____ Date _____

Chapter President (Sign) _____ Date _____

To be completed by chapter's assigned AD from the Office of Fraternity and Sorority Affairs

Program was approved by: () National Organization () Alumni Advisor

OFSA AD (Sign for approval) _____ Date _____