

LEHIGH UNIVERSITY MULTICULTURAL GREEK COUNCIL VERIFICATION OF ASPIRANTS FORM

Fraternity/Sorority _____

We hereby declare that on _____ (date of mtg.), the following individuals participated in an interest meeting and are considering the process of membership selection. If selected, these aspirants will be duly initiated into our organization pending any regional/national approval needed and successful completion of the intake process.

 Total Number of Aspirants

 Signature-Chapter President

 Signature-Chapter Advisor

PLEASE READ BEFORE SIGNING

By Signing Below, I hereby confirm that I am an aspirant for the above mentioned organization and I assume the obligations of membership, including payment of chapter dues and other fees, if applicable. As a further obligation of membership, I authorize the release of individual grade averages for compilations of chapter grade statistics & distribution to the faculty advisor, chapter advisor, scholarship chairman, & president. By signing this acceptance, I verify that my GPA cum is at least **2.5 or the individual chapter requirement and I have earned at least 12 LEHIGH credits.**

I also understand and agree to uphold the Lehigh policy against hazing as defined in the Lehigh Handbook. Hazing is strictly forbidden in Lehigh fraternities and sororities. Hazing is defined as an action taken or situation created, whether on or off campus, to produce mental or physical discomfort, embarrassment, harassment, or ridicule (see the Lehigh Handbook, Code of Conduct for the complete definition).

I understand that I may terminate this agreement at any time prior to initiation by **INFORMING THE CHAPTER PRESIDENT** and a **FRATERNITY & SORORITY AFFAIRS** staff member in writing, in which case this agreement shall be void.

Aspirant's Name	Signature:	Student Identification Number	Hours completed	Cumulative GPA Office use Only
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Department Use Only		Date Received:
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Department Use Only

Date Received: