

**Part II: Verification of Initiates**  
*due two (2) business days following initiation*

## 2.1 Verification of Initiates

Semester	
Year	
Organization	
Total Number of Initiates	
Date of Initiation Ceremony	

### A. Verification

List the individuals fully initiated to your organization for the semester and year listed above.

[illegible]

**2.1.2 Verification of Initiates Cont'd**

First Name	Last Name	Lehigh Email	LIN

**B. Acknowledgement**

The signatures below indicate that the above listed individuals are fully initiated members of our organization and have been approved by our regional and/or inter/national organization.

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Chapter President Name (*printed*)

Signature

Date

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New Member Educator/Intake Coordinator Name (*printed*)

Signature

Date

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Alumni Advisor Name (*printed*)

Signature

Date