APPLICATION FOR PERMISSION TO INITIATE

This form must be submitted a minimum of five working days prior to initiation.

Approval must be obtained before initiation takes place.

Permission is requested for the following pledges/new members/associates who have met all requirements for membership in the _____ chapter of _____ Fraternity/Sorority to be initiated on _____ (Day/Date).

Members to Complete Name and ID Number ONLY. Please Print **---office use only---**

Last Name	First Name	Student ID/SSN	Hrs./Sem. GPA	Cumulative GPA

Members have been informed that chapter roster will be treated as public information

President's Signature _____ Date _____