CENTER FOR STUDENT INVOLVEMENT

New Member Checklist

(Write Clearly & Legibly)

Name:	G-Number:	En	nail:
Organization:	Organization Con	tact:	Email:
Advisor Name:	Advisor Phone:	Ac	dvisor Email:
	<u>Notice</u>		
institutional grade point averag must be filled out completely b	are eligible for membership in a Gr ge and be in good standing with the by the Assistant Dean of Student De following NPHC Greek organizatior	e University to be eligible evelopment in Blum 207 b	for membership. This form
Alpha Phi Alpha Fraternity, Inc. Alpha Kappa Alpha Sorority, Inc. Phi Beta Sigma Fraternity, Inc. Delta Sigma Theta Sorority, Inc. Zeta Phi Beta Sorority, Inc. If this form is not filled out and State University.	С.	ership will not be recogniz	zed by Missouri Western
SECTION 1:	d by the Assistant Dean of Student	Develonment before proc	reeding to Section 2
·	•		-
the hazing policy and is in good	ce verifies that the above named st I standing with the University.	udent has attended an ini	ormational and/or reviewed
Assistant Dean Signatu SECTION 2:	re T	itle	Date
Section 2 needs to be complete section.	d by the Registrar's Office. Please o	ıllow 48 hours for Registro	ar's Office to complete this
The Registrar's Office verifies t	hat the above named student has r	net the minimum 2.5 inst	itutional GPA requirement.
Registrar's Office Signatu	ire Title		Date
For Office use only:	Date Received:		