Local Chapter Name: ___________________________ National Organization: ___________________________

Semester: ___________ Year: ___________ Will you be holding intake activities? (circle one) YES or NO

IF YOU CIRCLED “NO” ABOVE: We understand that should our decision change, we must notify the Office of Fraternity & Sorority Life in writing, with approval from the Chapter Advisor. We understand that if we engage in pre-pledging activities not a part of the inter/national process, it will be reported to the OFSL, Student Affairs, the University Police, and the inter/national organization.

This form should be submitted to OFSL prior to any intake activity, with the chapter verifying that all information at OFSL is correct and up-to-date. Only candidates that are enrolled at the University of North Florida during the semester in which intake is scheduled to occur are eligible for membership. This form will be kept confidential and will be shared only with proper university and national officials.

Membership Intake Information (only complete if conducting intake this semester)

A. Chapter Information
Chapter Membership Intake Coordinator: ___________________________________________ Phone: ___________________________
Email: ___________________________ Phone: ___________________________
Advisor Overseeing Intake: ______________________________________________________ Phone: ___________________________
Email: ___________________________ Phone: ___________________________
Regional/National Director: ______________________________________________________ Phone: ___________________________
Email: ___________________________ Phone: ___________________________

B. Intake Outline
Interest Meeting Date(s): ___________________________ and ___________________________
Start of Process: ___________________________
End of Process (Initiation Date): ___________________________
Presentation Date of New Members (suggested 8 weeks): ___________________________

Has membership intake been approved by the Graduate Chapter and/or the National Office? YES NO

We, the undersigned, attest that the above information is accurate and correct to the best of our knowledge. Furthermore, we agree to the following as a condition of membership intake:

a. comply with local, state, federal, university, and inter/national organization policies
b. inform OFSL of any changes to our membership intake schedule
c. enter candidates into ORACAL within 3 days of the start of the process
d. inform OFSL of any removals or dropouts during the intake process
e. the new member process will be held in compliance with the organization’s intake procedures and the University of North Florida’s stated policies and procedures.

Chapter President ___________________________ Signature ___________________________ Date ___________ Phone # ___________
Chapter Advisor ___________________________ Signature ___________________________ Date ___________ Phone # ___________
OFSL Representative ___________________________ Signature ___________________________ Date ___________
The following undergraduate students meet all requirements for membership and have been submitted for approval from the Regional/National Headquarters for participation in our Membership Intake Process. (Print clearly and attach additional pages as necessary.)

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I hereby certify that all of the above information is accurate; that the Regional/National Headquarters have approved my chapter to conduct the Membership Intake Process; that my Chapter/Graduate Advisor is involved in all Intake activities of my undergraduate chapter; that my chapter, its members, and alumni/ae will abide by all University policies and procedures.

______________________________________          ____________________________________
Chapter President Signature/Date           Graduate/Chapter Advisor Signature/Date