Office of Student Involvement and Leadership
University of New Orleans

Notice of Intake/Recruitment

Submit form to Greek Life in UC 236 or fax to 504-280-6633. For more information, call 504-280-6351 or email greeklife@uno.edu

The officers and members of ______________________________ announce the intake of new members for the Fall/Spring (circle) semester of ________.

An informational will be held on: ____________________________
Approval for intake from national headquarters received on: ____________________________
New member education will begin on: ____________________________
Presentation (Probate) will be held on: ____________________________

President’s Information

Name
Title
Phone Number
Email Address

Advisor Information

Name
Title
Phone Number
Email Address

By signing below I hereby certify all of the above information to be accurate and that my chapter will abide by all policies applicable to the Greek Life organizations at the University of New Orleans, as well as all policies of our inter/national organizations.

President’s Name (Print) ____________________________ 
Chapter Advisor’s Name (Print) ____________________________

President’s Signature & Date ____________________________ 
Chapter Advisor’s Signature & Date ____________________________

President’s Phone Number ____________________________ 
Chapter Advison’s Phone Number ____________________________

For Office Use Only:
Received on: ____________________________
SIL Staff Signature: ____________________________
Date: ____________________________