Office of Student Involvement and Leadership
University of New Orleans

Notice of Intake/Recruitment
Submit form to the Greek Life Office in UC 236. 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                                                       Advisor Information

___________________________                                           ___________________________
Name                                                                   Name

__________________________                                           ___________________________
Title                                                                  Title

__________________________                                           ___________________________
Phone Number                                                           Phone Number

__________________________                                           ___________________________
Email Address                                                         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 Advisor’s Phone Number

For Office Use Only:
Received on: __________
SIL Staff Signature: __________________________
Date: ________________

Revised: July 2017