



Office of Greek Life Programs Department of Student Life

CHAPTER ROSTER CHANGE FORM

This form is required to make any changes on The University of Akron computer records system. Please complete form, obtain necessary signatures and return to the Office of Greek Life Programs

Fraternity/Sorority Name: _____

Member's Full Name: _____

Member's Student ID#: _____

Member's UA email: _____

Member Class (Fr, So, etc.): _____

Semester/Year Status is effective: _____

PLEASE CHECK NEW STATUS:

_____ **Termination Member** has had his/her New or Active membership terminated and should be **permanently** removed from our roster. This member may never again appear as an Active or New Member for our chapter.

_____ **Active Member** is a fully initiated member of a fraternity/sorority with full chapter privileges and responsibilities.

_____ **New Member** is a student who has accepted a bid from a fraternity/sorority. This period is referred to as pledging, associate or new membership education depending on the fraternity/sorority.

_____ **Alumni Member** is permanently inactive, a graduated Greek member, but is still recognized as a member of the organization. He/she should not be included in membership or scholarship statistics now or in the future.

Explanation for Changes in Membership Status Listed Above: _____

I fully understand by signing this form, that I am authorizing the release of educational records to The University of Akron's Office of Greek Life Programs and the organization to which I am a member. This authorization will continue through my enrollment at UA unless I notify the Office of Greek Life Programs otherwise.

Member Signature (Required for roster additions only): _____

Chapter President Signature: _____ **Date:** _____

Chapter Advisor Signature: _____ **Date:** _____

PLEASE SUBMIT COMPLETED FORMS TO:
OFFICE OF GREEK LIFE PROGRAMS, STUDENT UNION – CSL, AKRON, OH 44325-4601
PHONE: 330-972-7909 OR FAX: 330-972-2525

Office use only	
Received date	_____
GL Staff	_____