



**OFFICE OF FRATERNITIES AND SORORITIES**

**NEW MEMBER INITIATION REPORT**

CHAPTER:

DATE NEW MEMBERS WERE INITIATED:

PERSON COMPLETING REPORT:

E-MAIL:

NAME:

CLASS YEAR:

STUDENT ID

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COMPLETE AND RETURN ELECTRONICALLY OR HARD COPY TO OFFICE OF FRATERNITIES AND SORORITIES WITHIN 7 BUSINESS DAYS OF INITIATION DATE.