

# 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](mailto: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 Advisor's Phone Number

***For Office Use Only:***  
Received on: \_\_\_\_\_  
SIL Staff Signature: \_\_\_\_\_  
Date: \_\_\_\_\_