The Northern Illinois University’s Student Involvement & Leadership Development (SILD), Fraternity & Sorority Life (FSL) must be notified prior to any IFC, PHC, NPHC, or UGC Greek chapter begins a membership intake process. The purpose of this notification is to ensure that FSL staff members are aware of membership activities and to ensure adherence to both Northern Illinois University policies and all of the rules and guidelines of their inter/national organization regarding the membership intake process. Any changes to the information below must be updated with FSL and/or the Associate Director of SILD immediately.

This form must be submitted to the FSL Office, Campus Life Building 150, two (2) weeks prior to beginning a membership intake process, or September 15th for the Fall or February 15th for the Spring, whichever occurs first.

Organization: __________________________________________________________________________________

Date(s) of Interest Meetings: _____________________________________________________________________

_____________________________________________________________________________________________

Anticipated Intake Start Date: _______________________Anticipated Completion Date: _____________________

Anticipated Education Start Date: _______________________Anticipated Completion Date: __________________

Anticipated Initiation Date of Aspirants: _____________________________________________________________

Anticipated New Member Step Exhibition/Probate Date: _______________________________________________

Anticipated New Member Step Exhibition/Probate Location: ____________________________________________

(Note: A copy of the location confirmation must be attached to this form.)

The person in charge of intake for the Chapter will be: _________________________________________________

Position within Chapter: _________________________________________________________________________

Phone Number: _______________________________ Email: ___________________________________________

Sponsoring Graduate Chapter: ____________________________________________________________________

Phone Number: _______________________________ Email: ___________________________________________

I agree that the above information is correct and agree to uphold all Northern Illinois and Inter/National Headquarters policies. I also, understand that in order for this form to be complete, I must email a list of new members containing the following information: Full name, ZID, The Anti-Hazing and Grade Release form.

Chapter President: _________________________________________________________ Date: _______________

Graduate Advisor: __________________________________________________________  Date: ______________

FSL Assistant Director: _______________________________________________________ Date: _______________

Department Use Only:

Received By: ______________________________________________________________  Date: _______________