

Date Received: _____

Interest Meeting Roster

Organization: _____ Date of Interest Meeting: _____

I understand this is an interest form and that I am not obligated in any way to the Fraternity and Sorority community at Winthrop University in filling out this form, nor do they have any obligation to me. For the purpose of interest in participating in ALL/ANY fraternity/sorority intake activities, I give my consent to the Department of Student Engagement to release my cumulative grade-point average and hours and understand that this information will be shared with the President and/or Intake Coordinator of the above organization for which I am seeking membership. I further consent to my name being listed on the Office of Fraternity and Sorority Life website should I proceed in the membership process.

| Print Name | WU ID # | Phone # | Signature | UR (Office Use Only) | GPA/HR (Office Use Only) |
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This roster is due to The Office of Fraternity and Sorority Life the following business day after the Interest Meeting