

Date Received: _____

Winthrop University Verification of Aspirants Form

Organization & Chapter Name: _____

We hereby declare that on _____ (date submitted), the following individuals are aspirants for membership into our organization and will be duly initiated pending the decision of our regional/national representative(s). If any of the individuals listed below withdrawal from the organization at any point after this date, the chapter is responsible for notifying the Office of Fraternity & Sorority Affairs day by email with the person's name, email, and reason for withdrawal.

Total Number of Candidates: _____

President Signature: _____ Grad Chapter Advisor Signature: _____

Signing Agreement: By signing this document, I hereby wish to waive my rights granted by the Family Educational Rights and Privacy Act of 1974 and permit Winthrop University to release my academic information about me to my fraternity/sorority. I understand this waiver will be in effect until I notice the Office of Fraternity & Sorority Affairs (OFSA) that I am no longer an active member of my fraternity/sorority. I further consent to my name being listed on the OFSA website as I am proceeding in the membership process.

Aspirant's Name (Printed)	Winthrop Student ID #	Signature: Please review Signing Agreement before signing.	Cumulative GPA (OFFICE USE ONLY)
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2.			
3.			
4.			
5.			
6.			
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19.			
20.			

If you have more than 20 aspirants, make two copies of this form and staple them together.

This form is due to The Office of Fraternity & Sorority Affairs within 24 hours following the start date of the official process/education of aspirants listed on the chapter's Intake Plan