

FRATERNITY STATUS CHANGE FORM
OFFICE OF FRATERNITY & SORORITY
LIFE/RESIDENTIAL LIFE OFFICE

GENERAL INFORMATION

OWU Student ID # _____ Name _____

Current Room Assignment & Room #: _____

[BASH, SME, SMW, STUY, THOM, WEL, FRATERNITY, SLU]

* If you are living off campus, please include your off campus address on the line above.

MEAL PLAN (This section is only applicable to members of ΑΣΦ, ΔΤΔ, ΦΔΘ, ΦΚΨ & ΣΦΕ)

Current Meal Plan: _____ New Meal Plan: _____

[A (High), B (Middle), C (Low), E (Exempt), F (Fraternity)]

STATUS

Fraternity Affiliation: _____

Standing: _____

P New Member (Meal plan will not be transferred for members of Chi Phi or Fiji)

X Deactivate/Withdraw

By signing this form to join a fraternity, I have received, read, and understand the change described in "What Happens to My Meal Plan When I Join a Fraternity" (only applicable to members of ΑΣΦ, ΔΤΔ, ΦΔΘ, ΦΚΨ & ΣΦΕ). I am agreeing to release my college academic records to the above named fraternity as well as the Office of Fraternity and Sorority Life. I also understand that my permanent affiliation record will be changed to reflect the information above.

New Member Signature _____ Date _____

Fraternity President Signature _____ Date _____

Fraternity/Sorority Life Signature _____ Date _____

OFFICE USE ONLY

COPY TO: ___ Fraternity/Sorority Life ___ Computer ___ List ___ RMA