

INTAKE/NEW MEMBER PROCESS FORM

Office of Student Involvement - Greek Life * Phone 419.530.4036 * Fax 419.530.2509
2801 W Bancroft St. * 2514 Student Union * Mail Stop 105 * Toledo, OH 43606

Fraternalities and sororities must complete and submit this form to the Office of Student Involvement - Greek Life one week prior to the start of the new member/intake process.

CONTACT INFORMATION

Date Submitted: _____

Organization: _____ New Member Educator: _____

Email: _____ Cell Phone Number: _____

New Member Advisor: _____

Email: _____ Cell Phone Number: _____

NEW MEMBER/INTAKE PROCESS

What is the date and location of your first recruitment activity/informational?

Please list the date and location of each event the new members will be required to attend/participate:

(Please include initiation and ritual activities. All required EVENTS must be listed. If an event is changed the Assistant Director of Greek Life must be notified 24 hours in advance. Please use additional pages if necessary.)

EVENT	DATE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When will new members be educated on the University of Toledo's and your organization's hazing policies, as well as who to contact if he/she feels hazed? _____

Will an overnight activity take place? YES NO

If so, who is the Advisor or Executive Member who will take responsibility? _____

- By checking this box you are verifying that all events that will occur during the New Member/Intake process will comply with all the policies of your organization and The University of Toledo's policies. You are also verifying that no event will occur that include activities that could be construed as hazing (no events can occur until this box is checked).

President's Signature

Date

New Member Educator's Signature

Date

Advisor's Signature

Date