Roster Change Form

This form is required to remove anyone from a UNCP roster or change his or her membership status. Please complete this form, collect the necessary signatures and return to the Office of Fraternity and Sorority Life. This form is not accepted electronically.

Fraternity/Sorority Name: __________________________________________________

Member’s Full Name:______________________________________________________

Member’s Banner ID#:_____________________________________________________

Member Class (Fr, So, etc.):________________________________________________

Semester/Year Status is effective:___________________________________________

PLEASE CHECK NEW STATUS:

____ Active Member is a fully initiated member of a fraternity/sorority with full chapter privileges and responsibilities

____ Termination Member has had his/her New or Active membership terminated and should be permanently removed from our chapter. This member may never again appear as an Active or New Member for our chapter.

____ Alumni Member is permanently inactive, or a graduate Greek member, but is still recognized as a member of the organization. He/she should not be included in membership or scholarship statistics now or in the future.

Explanation for Change in Membership Status Listed Above:____________________________
____________________________________________________________________________
____________________________________________________________________________

I fully understand by signing this form, that I am authorizing the release of educational records to the University of North Carolina at Pembroke’s Office of Fraternity and Sorority Life and the organization to which I am a member. This authorization will continue through my enrollment at UNCP unless I notify the Office of Fraternity and Sorority Life otherwise.

Member Signature (Required for active member status): ______________________________

Chapter President Signature:_____________________________ Date:_____________________

Chapter Advisor Signature:______________________________ Date:_____________________

FOR OFFICE USE ONLY

RECEIVED ON:__________________ RECEIVED BY:_______________________

ACKNOWLEDGEMENT:______ (Director) ROSTER UPDATED:__________