

FRATERNITY STATUS CHANGE FORM
GREEK LIFE OFFICE/RESIDENTIAL LIFE OFFICE

GENERAL INFORMATION

OWU Student ID # _____ Name _____

Current Room Assignment & Room #: _____

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

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

MEAL PLAN

New Meal Plan _____ Past Meal Plan _____ Effective Date _____

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

GREEK STATUS

Greek Affiliation (Name of Greek Chapter): _____

Greek Standing (Circle One):

- A Active
- P New Member (Meal plan will be transferred except for Chi Phi during new member education period)
- X Deactivate/Withdraw

By signing this form to join a fraternity, I understand that my permanent affiliation record will be changed to reflect the information above. I also certify that I have received, read, and understand the change described in "What Happens to My Meal Plan When I Join a Fraternity."

Student Signature _____ Date _____

Fraternity President Signature _____ Date _____

Greek Life Signature _____ Date _____

Please turn this form into the Greek Life Office, HWCC 143, promptly.

Office use only COPY TO: ___ Greek Life ___ Computer ___ List ___ Accounting ___ Food Service ___ RMA
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