

SORORITY 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]

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

GREEK STATUS

Greek Affiliation (Name of Greek Chapter): _____

Greek Standing: ____

- A Active
- P New Member
- 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.

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