## Office of Student Engagement & Leadership

The Membership Intake Process (MIP) for \_\_\_\_\_



\_\_\_ is scheduled to begin

Form for selected candidates only

(Make a copy of this form if additional pages are necessary)

## **Chapter Membership Intake Form**

**REQUIRED** for confidential submission to the Student Organizations Coordinator before intake can start.

ne following Grambling State Universi proval to the Regional/National Heado ey do not appear on this form.	uarters for participation in	n our MIP. Additional	students will	not be appro	oved for intake i	
		50 is the maximum candidates (NPHC)				
how name and G # only (only Gray co	iumns); leave all other co	olumns blank. Please	type.			
NAME	G NUMBER	CUMULATIVE GPA	TOTAL GSU HOURS	TOTAL HOURS	HAZING TRAINING COMPLETE	
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I hereby certify that all of the above information is accurate and correct; that my chapter has been approved to conduct the MIP by Regional/National Headquarters; that responsible advisers are involved in MIP activities of my undergraduate chapter; that my chapter, its members, and alumni/ae will abide by all MIP and University policies and procedures.

## Office of Student Engagement & Leadership



Member Intake Coordinator Signature	Da For	m for selected candidates only	re Date
Organization Adviser Signature	Date	OSCO Coordinator Signat	ure Date
	Grade	/Judicial Records Release Form	
I am a candidate for membership	in		. My signature below
1		(name of organization)	- <b>,</b> ,

grants my permission to the Office of Student Clubs and Organizations to release my semester and cumulative grades and prior judicial record to the chapter president, academic advisor and the organization's national headquarters, (if any) and this University's governing offices for the purpose of meeting academic goals and behavior expectations for as long as I am a candidate and/or member of the organization.

Print Name	Sign Name	<b>G</b> #