

# New Member Education/Intake Program Cover Sheet

Return this form with your new member/ intake program to your GLC

Fraternity/Sorority: \_\_\_\_\_

New Member Educator/Intake Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Program begin date: \_\_\_\_\_ Program end date: \_\_\_\_\_

**\*New member education/ intake programs must end within 6 weeks of bid/invitation distribution**

Alumni Advisor for New Member Education/Intake: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

National Representative: \_\_\_\_\_ Email: \_\_\_\_\_

**At a minimum, your new member education/ intake plan should include:**

- ✓ Anti-hazing statement
- ✓ New Member Education/ Intake Calendar, including dates, time and locations
- ✓ Detailed description of all new member/ intake activities
- ✓ Expectations of New Members/ Candidates, Active Members, and Alumni
- ✓ Interactions with other chapters and/or groups
- ✓ Big Brother/ Big Sister/ mentor program
- ✓ Statement of purpose, including mission and goals of the program
- ✓ National Headquarters provided new member education/ intake information
- ✓ Explanation of chapter's hazing reporting protocol

**\*To be completed by GLC**

Confirm that this program was approved by:  National Organization  Chapter  Advisor

We, the undersigned, certify that we have read and agree to abide by the University, IFC, MGC and Panhellenic policies and regulations concerning new member/ candidate education and hazing.

\_\_\_\_\_  
New Member Ed/ Intake Coord. (Signed)                      Date                      Chapter

\_\_\_\_\_  
President (Signed)                      Date                      Chapter

This program has been approved:  Yes  No

\_\_\_\_\_  
Greek Life Coordinator (Print)                      Date                      Signed

**\*\*\*\* YOU CAN NOT START YOUR NEW MEMBER EDUCATION/ INTAKE PLAN WITHOUT APPROVAL OF YOUR PROGRAM\*\*\*\***