

New Member Education/Intake Program Cover Sheet

Return this form with your new member/ intake program to your
Assistant Director

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 Assistant Director**

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

Assistant Director (Print) Date Signed

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