



University of Lynchburg

Fraternity and Sorority Life

NOTIFICATION OF INITIATION

Name of Fraternity or Sorority: _____

Date of Initiation: _____

Initiation Location: _____

Will an advisor be present?

[Yes]

[No]

If yes, please provide the email address of advisor(s). If no, please explain why an advisor will not be present at initiation.

I understand that in order to receive permission to initiate, I must send a complete list of new members to the Coordinator of Fraternity and Sorority Life at (pelkey_d@lynchburg.edu). The list must include the full name of the initiate. If the list is not complete, permission will not be granted.

___ I understand.

I, as the organization president, understand that the deadline for New Member programs will be eight (8) from the date that a bid was extended to the student.

___ I understand.

I understand that by signing my name in full, I am agreeing to uphold all Lynchburg College and Inter/National Headquarters Policies.

Name of New Member Educator

Signature of New Member Educator

Date

THIS DOCUMENT IS DUE ONE WEEK PRIOR TO THE INITIATION PROCESS. FAILURE TO DO SO CAN RESULT IN DISCIPLINE BY THE OFFICE OF STUDENT ACTIVITIES.

AN UPDATED CHAPTER ROSTER WITH NEW INITIATES INCLUDED WILL BE DUE 72 HOURS AFTER THE INITIATION CEREMONY HAS CONCLUDED.