



MGC Intake Notification Form

This form must be submitted to the Center for Student Involvement within 10 days of the candidates being selected. Please complete the form with names of the candidates for membership intake. This form will be kept confidential and will be shared only with proper university and national officials.

Fraternity/Sorority _____

Chapter member responsible for membership intake _____

Phone number _____ Email _____

Start date of intake _____ End date of intake _____

Has the national office approved these candidates or are you turning this in prior to the National Office reviewing the candidate's application? _____

Has membership intake been approved by the National Office? Yes No

If yes, who has approved the dates of membership intake for your chapter?

Name _____ Title _____

Email _____ Phone _____

Candidate's name	Student ID #	*Candidate Signature	GPA Semester	GPA Cum

Chapter President Date

Intake Coordinator Date

*The signature of the candidate indicates their consent for the Center for Student Involvement to verify enrollment status and grade point average for intake purposes.