**PROSPECTIVE MEMBER VERIFICATION ROSTER**

***Please type this form. Use this roster for all prospective members selected by the chapter. Verification may take up to two (2) weeks for review. No intake-related activity make take place until this form is returned to the chapter along with written approval.***

     

Organization Name Chapter Name

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|  | |  | For Office Use Only | | | | | |
| **Full Name** | | **Student ID *(Last 4)*** | **Conduct** | **Service Hours (30)** | **Credit Hours (30)** | **C-GPA** | **GLP** | **Approved / Disapproved** |
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| **SIGNATURES** | **Print Name** | **Signature** | **Date** |
| **Chapter President** |  |  |  |
| **Campus Advisor** |  |  |  |
| **Intake Chair** |  |  |  |