**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** |
| 1. |       |       |  |  |  |  |  |  |
| 2. |       |       |  |  |  |  |  |  |
| 3. |       |       |  |  |  |  |  |  |
| 4. |       |       |  |  |  |  |  |  |
| 5. |       |       |  |  |  |  |  |  |
| 6. |       |       |  |  |  |  |  |  |
| 7. |       |       |  |  |  |  |  |  |
| 8. |       |       |  |  |  |  |  |  |
| 9. |       |       |  |  |  |  |  |  |
| 10. |       |       |  |  |  |  |  |  |
| 11. |       |       |  |  |  |  |  |  |
| 12. |       |       |  |  |  |  |  |  |
| 13. |       |       |  |  |  |  |  |  |
| 14. |       |       |  |  |  |  |  |  |
| 15. |       |       |  |  |  |  |  |  |
| 16. |       |       |  |  |  |  |  |  |
| 17. |       |       |  |  |  |  |  |  |
| 18. |       |       |  |  |  |  |  |  |
| 19. |       |       |  |  |  |  |  |  |
| 20. |       |       |  |  |  |  |  |  |

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| **SIGNATURES** | **Print Name** | **Signature** | **Date** |
| **Chapter President** |       |  |       |
| **Campus Advisor** |       |  |       |
| **Intake Chair** |       |  |       |