

Notice of Intake Approval

REGIONAL DIRECTOR INFORMATION

Regional Director Name: _____

Region:

- Eastern Great Lakes Gulf Coast Southeastern
 Southern Southwestern Western

CONTACT INFORMATION

Chapter Name: _____ University Name (Collegiate Only): _____

MIP Chair: _____

Contact#: _____

E-mail: _____

On-Campus
Advisor Name: _____

Contact #: _____

E-mail: _____

Advising Graduate Chapter: _____

Fraternity Advisor Name: _____

Contact: _____

E-mail: _____

TIMELINE INFORMATION

Date Approved by Regional Director: ____/____/____

Planned Interest Meeting Date: ____/____/____

Planned Initiation Date: ____/____/____

This form should be submitted to the International First Vice President for each chapter approved for Intake

