

# Stony Brook University Fraternity & Sorority Life

## Candidate Selection / Intake Petition Form

Organization : \_\_\_\_\_

*Chapter Member Responsible for Intake / New Member Process*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Graduate / Alumni Advisor Overseeing Intake / New Member Process (if applicable)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter President (Print & Sign)

Chapter Advisor (Print & Sign)

### Candidate / Intake Participant List

|    | Name (First and Last) | SOLAR ID | Eligibility (Office Use Only) |
|----|-----------------------|----------|-------------------------------|
| 1  |                       |          |                               |
| 2  |                       |          |                               |
| 3  |                       |          |                               |
| 4  |                       |          |                               |
| 5  |                       |          |                               |
| 6  |                       |          |                               |
| 7  |                       |          |                               |
| 8  |                       |          |                               |
| 9  |                       |          |                               |
| 10 |                       |          |                               |
| 11 |                       |          |                               |
| 12 |                       |          |                               |
| 13 |                       |          |                               |
| 14 |                       |          |                               |
| 15 |                       |          |                               |
| 16 |                       |          |                               |
| 17 |                       |          |                               |
| 18 |                       |          |                               |
| 19 |                       |          |                               |
| 20 |                       |          |                               |

#### Office Use Only

Grade Releases: \_\_\_\_\_

N.M.P/Intake Plan: \_\_\_\_\_

Eligibility Check: \_\_\_\_\_

Approved: \_\_\_\_\_

Unapproved: \_\_\_\_\_

Signed: \_\_\_\_\_

Comments: \_\_\_\_\_