

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: _____