

Stony Brook University
Fraternity & Sorority Life

New Member Education / Intake Calendar

Organization : _____ Start Date: _____ End Date: _____

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)

Week One

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

Week Two

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

Week Three

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

Week Four

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

Week Five

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

Week Six

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

Week Seven

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

Week Eight

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							
Location							
Activity Description							

