



## UNT Greek Life Roster Update Form

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

Chapter Designation: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The following members are to be dropped from the chapter roster. **NOTE:** There is no "inactive status." Please fill out the form below with names of members to be removed, their ID numbers, and a reason for removal. If "Expelled/Suspended" is the primary reason for removal, please use the following code to provide a more detailed explanation: financial (F), behavior (BH), academics (A), other (O). For adding members (i.e. someone coming back from study abroad, or you have a transfer) simply write ADD in the blank by their name where the Exp/Susp. is.

### Reason for Removal

Member Name	ID Number	Exp/Susp.	Resigned	Graduated	Trans./Not Enrolled
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above roster changes are accurate and true to the best of my knowledge. I further certify that the changes submitted herein are consistent with the membership policies of the National organization and that the proper documentation is currently being submitted or is currently on file with the national office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date