



Office of Greek Life ROSTER CHANGE FORM

This form is required to remove anyone from a UNCP roster or change his or her membership status. Please complete this form, collect the necessary signatures and return to the Office of Greek Life. This form is not accepted electronically.

Fraternity/Sorority Name: _____

Member's Full Name: _____

Member's Banner ID#: _____

Member Class (Fr, So, etc.): _____

Semester/Year Status is effective: _____

PLEASE CHECK NEW STATUS:

_____ **Active Member** is a fully initiated member of a fraternity/sorority with full chapter privileges and responsibilities.

_____ **Termination Member** has had his/her New or Active membership terminated and should be **permanently** removed from our roster. This member may never again appear as an Active or New Member for our chapter.

_____ **Alumni Member** is permanently inactive, or a graduated Greek member, but is still recognized as a member of the organization. He/she should not be included in membership or scholarship statistics now or in the future.

Explanation for Changes in Membership Status Listed Above: _____

I fully understand by signing this form, that I am authorizing the release of educational records to the University of North Carolina at Pembroke's Office of Greek Life and the organization to which I am a member. This authorization will continue through my enrollment at UNCP unless I notify the Office of Greek Life otherwise

Member Signature (Required for active member status): _____

Chapter President Signature: _____ **Date:** _____

Chapter Advisor Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

RECEIVED ON: _____ **RECEIVED BY:** _____

ACKNOWLEDGEMENT: _____ (DIRECTOR) **ROSTER UPDATED:** _____