



Office of Fraternity and Sorority Life Disaffiliation Form

Disaffiliation Form

Students who have selected to terminate their collegiate fraternal affiliation, or have been removed from associate or active membership are required to complete this Disaffiliation Form. To remove a member from a chapter roster, this form must be completed and turned into the Office of Student Activities by the roster due date for the quarter.

If a member is to be reinstated following disaffiliation, a letter stating the reasons for the reactivation, signed by the chapter advisor, or Inter/National organization representative, must be turned into the Assistant Director of Student Activities before the student can be added to the roster.

Remove

Name _____ Email _____

Student ID# _____ Phone _____

From Fraternity/Sorority _____

Reason for Disaffiliation

Member Signature _____ Date _____

Chapter President Signature _____ Date _____ Telephone _____

Chapter Advisor Signature _____ Date _____ Telephone _____

