Shippensburg University Sorority/Fraternity Recruitment Registration Form

Personal Information:
Name: ________________________________ SU ID#: __________________
Phone #: ______________________________ Email: _______________________
Local Address: _______________________________________________________

Have you ever pledged a nation sorority/fraternity: Yes No
Are any of your relatives members of a sorority or fraternity? Yes No
If so, what is their relationship to you? ________________________________
What organization(s) are/were they members of? _________________________

Academic Information
Year in School: Freshman Sophomore Junior Senior
Transfer Student? Yes No
Major: _____________________________________________________________
Minor: _____________________________________________________________

Academic Eligibility Statement (please read and sign)
In order to participate in sorority/fraternity recruitment, as well as join a sorority/fraternity at Shippensburg University, potential new members must meet the following minimum academic guidelines. Individual fraternity/sorority chapters may require a higher QPA than the University minimum.

- Have completed at least 12 credits at Shippensburg University and have a minimum of a 2.3 cumulative QPA
- Or have 12 transfer credits from another accredited College of University

I authorize the Shippensburg University Office of Fraternity & Sorority Life to verify my QPA, class standing, credit hours, and other scholastic information for the purpose of determining my eligibility to join a sorority/fraternity at Shippensburg University.

Signature: __________________________________________________________
Date: ______________________________________________________________

Completed registrations forms can be submitted to the Office of Fraternity & Sorority Life, located in Ceddia Union Building 236. Questions? Contact the Office of Fraternity & Sorority Life at 717.477.1848

For Chapter/Colony Members Completing this Form:
Name of Your Organization: ________________________________________________
Name/Phone # of Person Turning in Form: _______________________________________
Chapter/Colony Minimum QPA requirement: ________________________________