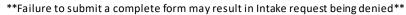
Intake Intent Form FA 21'/SP 22' Academic year

PLEASE TYPE IF POSSIBLE

Section 1. INTENT

s notice is to inform the Offi will be conducting Meml				et the chapto (year).
tion 2. INTAKE OFFICER CONTA	ACTS			
Officer	Name	Phone	Email	
President				
hapter officer overseeing ntake / new member education				
aculty/Staff advisor				
Chapter Advisor				
District or regional rep overseeing new member education / intake				
etion 3. INTAKE SCHEDULE (CALEN Recruiting & Intake Ac FALL — Wednesday Debut Window —Mo	<mark>tivities:</mark> y, September 1	1 st , 2021 (Meet the	e Greeks)	
SPRING – Tuesday Debut Window – Mo *** New member ed	onday, March	28 th – Friday, Apr	ril 15 th , 2022	
Interest/Rush/Informational Mee Date(s) and Location(s):	eting			
New member initiation date:				

Please Type





the coordinator of FSL) ONLY CHECK ONE OPTION Option 2: Chapter selection: Please Note: Chapters MUST finalize their debut details within 1 month after Meet the Greeks.	Debut Options:	☐ Option1: FSL Sponsored Venue Dates : (Dates sent separately by	
ONLY CHECK ONE OPTION Please Note: Chapters MUST finalize their debut details within 1month		the coordinator of FSL)	
Please Note: Chapters MUST finalize their debut details within 1 month	ONLY CHECK ONE OPTION	☐ Option 2: Chapter selection:	
		· ·	

We, the undersigned, attest that the above information is accurate and correct to the best of our knowledge. We also attest that the attached form is complete and rooms have been finalized. Furthermore, we agree to the following conditions of Membership Intake:

- **A.** We will comply with all the policies and procedures outlined in the Towson University NPHC & MGC Membership in take and presentation guidelines document.
- **B.** We will comply with local, state, federal laws, university and (inter)national organization rules, standards, and codes during the Membership Intake process.
- **C**. We will inform the Director/Coordinator of Fraternity and Sorority Life of any changes to our Membership Intake schedule by formal letter.
- **D**. We agree that the failure to comply with the outlined guidelines and deadlines will result in the immediate canceling of the membership intake process.

Chapter President / Expansion officer	Signature	Date
Faculty / Staff Advisor Name	Signature	Date
Chapter Advisor Name	Signature	Date

ATTACHED CALENDAR

Chapters MUST submit a schedule along with this document. Includes all dates, times and locations for all education of candidates and membership intake process/recruitment activities with a summary of what each educational activity will entail. Be sure to include Towson University mandated sessions for new members and any recruitment/intake activities.

***This form will be considered incomplete without the appropriate signatures and a complete membership Intake process schedule attached

Please Type

