**To:** Office of Fraternity& Sorority Life at Towson University

**From:** (Your name)

**Chapter & Org. Name:**

**Semester and year:**

**INSTRUCTIONS:** Please provide below all the details of your new member education schedule. All the dates, times, locations, and activities involve the education of your selected candidates. Both the date of selection and the date of initiation should be included. This form should be completed by the designated date by the Office of Fraternity & Sorority Life

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time frame** | **Location** | **New Member Education Activity** | **Summary** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



**NEW MEMBER EDUCATION PLAN**