GREEK LIFE ROSTER REMOVAL FORM

Official university rosters aim to verify and manage membership in fraternities and sororities each semester. Accurate rosters are required for many reasons, namely:

- 1. Dues assessment by governing councils
- 2. Eligibility for University Intramural sports programs and awards
- 3. Research and statistics used for assessment and evaluation related to Greek life
- 4. End of the Semester Report (including GPA, membership size, community service hours reported, philanthropy dollars raised, etc.)

Full Name:	
Millikin ID Number:	Organization:
Graduated in Fall Spring Summer	
Transferred to	
Termination	
Interim/Inactive	
Non-continuing	
Deactivated	

Definitions of the above status:

Graduation: the member received his/her degree from Millikin University and is no longer involved as an undergraduate member of the chapter.

Transferred: the member transferred to another college or university.

***Termination:** the body that votes within the chapter has terminated the member from the national organization. He/she is to be removed from the roster and will no longer have the benefits and privileges of being a member of the chapter and/or Greek Life at Millikin University.

*Interim/Inactive: the chapter has granted the member this status for a variety of reasons. This means that the member cannot participate in any activity sponsored by the governing councils or the Office of Inclusion and Student Engagement (Greek related events).

Non-continuing: the member is no longer attending the institution and is not considered an active member due to local/inter/national policies.

Deactivated: the person has voluntary disabled their membership and is no longer a member of your organization.

NO ADDITIONAL CHANGES MAY BE MADE TO ANY CHAPTER ROSTER AFTER DECEMBER 1st (for the fall semester) AND APRIL 15th (for the spring semester). This form must be returned to the Office of Inclusion and Student Engagement (Richards Treat University Center 121) WITHIN 5 DAYS AFTER THE STATUS CHANGE IS GRANTED.

Chapter President Signature:



Date: _____