SORORITY STATUS CHANGE FORM
GREEK LIFE OFFICE/RESIDENTIAL LIFE OFFICE

GENERAL INFORMATION

OWU Student ID # ________________ Name ___________________________

Current Room Assignment & Room #: __________________________________

[BASH, SME, SMW, STUY, THOM, WEL, HAYES, SLU]
* If you are living off campus, please include your off campus address on the line above.

GREEK STATUS

Greek Affiliation (Name of Greek Chapter): ______________________________

Greek Standing: ___

A    Active
P    New Member
X    Deactivate/Withdraw

By signing this form to join a sorority, I understand that my permanent affiliation record will be changed to reflect the information above.

Student Signature _____________________________ Date ___________

Sorority President Signature _______________________ Date ___________

Greek Life Signature _____________________________ Date ___________

OFFICE USE ONLY

COPY TO:  ___ Greek Life  ___ Computer  ___List

Revised March 14, 2008

OWU Greek Life Office