GREEK LIFE APPROVAL FORM

IMPORTANT: This form applies only to organizations that are renewing recognition. Greek Letter Organizations wishing to establish or re-establish recognition must first meet with the Fraternity and Sorority Life Coordinator to assure your organization meets requirements for this category. These groups include social or affinity-based sororities and fraternities and social clubs who have membership selection, membership intake, or similar processes. ONLY groups in this category have the privilege of utilizing membership selection and intake processes at North Carolina Central University. In addition to completing the RSO registration process, recognition by the University requires:

1. Affiliation with an International, National or Regional parent organization for which a membership selection and/or intake process is prescribed and documented by the parent organization
2. Preliminary meeting with the Fraternity and Sorority Life Coordinator
3. Submission of a copy of the MIP/selection process to the Fraternity and Sorority Life Coordinator; inclusive of any updates and/or revisions done by the parent organization
4. The organization is under no University or organization-imposed sanction prohibiting its status as an RSO

Signature approval by the Fraternity and Sorority Life Coordinator below acknowledges that the organization listed on this form has completed the approval requirements for Greek-lettered organizations as outlined in this document. Should any other items be required by the Fraternity and Sorority Life Coordinator to finalize registration with that office, it is the duty of said organization to ensure those requirements are fulfilled.

IMPORTANT: The Fraternity and Sorority Life Coordinator must confirm the status of the organization with all required signatures below for to be recognized by the University.

Name of Organization: _______________________________________________ Date: ___________________
Signature of President: __________________________________ Date: ___________________
Signature of Primary Advisor: _______________________________ Date: ___________________
Signature of Coordinator of Greek Life: _________________________ Date: ___________________

Office Use Only
Date form received: ______________________ Include copy in file
Received by: _______________________________ Scan & Email electronic copy to all signees
Academic Term: ___________________________

Please contact the Office of Fraternity and Sorority Life if you have any additional questions.

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