### Intent of Intake and Grade Release

**Organization Information:**

<table>
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<tr>
<th>Organization Name</th>
<th>Date, Time and Location of Interest Meeting</th>
<th>Organization GPA Minimum</th>
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I agree to have my grades or other pertinent information released to the Dean of Students’ Office and the appropriate chapter officers for determining eligibility and the compiling of chapter GPA composites. I have also received information pertaining to hazing and understand that hazing is NOT an appropriate part of the membership intake process of any fraternity or sorority. I will abide by all rules and regulations set forth by Sam Houston State University as well as the state of Texas.

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### Potential New Members:

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<th>Name</th>
<th>SAM ID#</th>
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President Signature __________________________
New Member/Intake Officer Signature __________________________
Date __________________________

For more information, contact Dr. Sherman or Dr. Taplette
SHSU Box 2508 * Huntsville, TX 77341-2508* Ph. (936) 294-2268 * Fax (936) 294-3961 * greeklife@shsu.edu
NOTICE OF MEMBERSHIP INTAKE
(Please type or print neatly)

____________________________________ is (circle one) planning/is NOT planning to conduct membership intake
during the (circle one) fall 2021/spring 2022 semester.

ONLY FILL OUT BOTTOM PORTION IF YOU ARE PLANNING TO CONDUCT INTAKE!

Information/Rush Tables will be on the following dates:

________________________________________________________________________

Interest Meeting(s) will be held on the following dates:

________________________________________________________________________

If applicable, Chapter Interviews will be held on (List Date) __________________________

Chapter Selection of New Members will conclude on (List Date) _______________________

Education of aspirants/intake process begins on (List Date) ___________________________

Members will be initiated on (List Date) ____________________________.

New Members will be presented on ________________________.

The last day for all presentations or initiations must be completed by November 19, 2021 for fall intake and April 22, 2022 for spring intake.

Hazing Policy Compliance Certification

As President of the _____________________________ chapter of _________________________________________ Fraternity/Sorority, I do hereby certify that I have received a copy Sam Houston State University’s Hazing Policy and the state law, which is located in the Student Guidelines Subchapter B. All members of the chapter have been informed of the Hazing Policy.

I further certify that the chapter understands and will be in compliance with the Sam Houston State University Hazing Policy. The members also understand that, if found in violation of the SHSU Hazing Policy, disciplinary action will be taken. Such action may include, but not limited to, revocation of the University recognition of the chapter and suspension or dismissal of individual chapter members.

I understand that the chapter advisor(s) and, if appropriate, the national/international office of the Fraternity/Sorority will be notified of cases of alleged and confirmed violations of the Hazing Policy.

_________________________________________  __________________________
President (print)       Signature        Phone Number  Date

_________________________________________  __________________________
Membership Intake Officer (print)   Signature        Phone Number  Date

This assurance is hereby acknowledged by the Organization advisor(s).

_________________________________________  __________________________
Faculty/Staff Advisor (print)      Signature                       Phone Number   Date

_________________________________________  __________________________
Chapter Advisor (print)      Signature                       Phone Number   Date

PLEASE NOTE: THIS FORM IS DUE SEPTEMBER 10, 2021 FOR FALL & FEBRUARY 11, 2022 FOR SPRING.
INTAKE WILL NOT BE PERMITTED FOR ORGANIZATIONS WHO DO NOT SUBMIT A COMPLETED FORM WITH ALL SIGNATURES
For more information, contact Dr. Sherman or Dr. Taplette
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