

INITIATION LIST

In order for the Office of Fraternity & Sorority Affairs to keep accurate membership records and to submit accurate Membership Reports to University officials, the following information is required from each fraternity and sorority. Please type or print legibly.

Name of Fraternity/Sorority: _____

Date of Initiation: _____

Please **type** the names of the initiates in **alphabetical order**: (Add additional sheets if needed)

- | | |
|-----------|-----------|
| 1. _____ | 19. _____ |
| 2. _____ | 20. _____ |
| 3. _____ | 21. _____ |
| 4. _____ | 22. _____ |
| 5. _____ | 23. _____ |
| 6. _____ | 24. _____ |
| 7. _____ | 25. _____ |
| 8. _____ | 26. _____ |
| 9. _____ | 27. _____ |
| 10. _____ | 28. _____ |
| 11. _____ | 29. _____ |
| 12. _____ | 30. _____ |
| 13. _____ | 31. _____ |
| 14. _____ | 32. _____ |
| 15. _____ | 33. _____ |
| 16. _____ | 34. _____ |
| 17. _____ | 35. _____ |
| 18. _____ | 36. _____ |

Submitted by: _____
Signature of Chapter Officer
Office/Position

Date submitted: _____

Thank You for your cooperation.