  
**Fraternity and Sorority Life**  
Intercultural Greek Council Candidate Pre-Authorization Form

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Date (to be filled out by OSE): \_\_\_\_\_\_\_\_\_\_\_

By submitting this form, the chapter understands and agree to the following:

* It may take up to one week for a Candidate to be processed and approved by the Office of Student Engagement and Office of Student Conduct. No invitation for membership may be distributed to a candidate or associate until he/she has been authorized by the Office of Student Engagement.
* A candidate’s eligibility is contingent upon the verification of their grade point average, enrollment status, student conduct record, and completion of other requirements. An invitation may be revoked if they do not meet the requirements set forth by the organization and Widener University.
* A chapter only needs to fill out the name and ID number of each potential candidate.

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| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Printed Name** | **ID Number** | **GPA Req.** | **Conduct  Req.** | **Credit  Req.** | **Affiliation Education Req.** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |

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Chapter President Name (Printed) Signature Date**

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Chapter Intake Director (Printed) Signature Date**

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Chapter Alumni Advisor (Printed) Signature Date**

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Chapter Faculty/Staff Advisor (Printed) Signature Date**