



Potential Member of the UMBC Greek Community

This form needs to be submitted to the Office of Student Life three business days prior to extending a bid or invitation to membership.

Name: _____ UMBC Email: _____

Address: _____ Phone Number: _____

City, zip: _____

Expected Graduation date: _____ Date of Birth: _____

List of other commitments: _____

If transfer-previous school(s) & GPA: _____

Is anyone else in your family a member of a Greek organization? If so, which organization and their relation to you:

Please read carefully and sign where appropriate:

I, the undersigned acknowledge by signing this form that I give permission for the Office of Student Life to access my educational records for the purpose of determining my enrollment and academic eligibility. Each chapter, for which I complete a form, will be given my grade point average. Furthermore, if I receive and accept a bid from any Greek organization, I give permission for the Office of Student Life to access my education records every semester for the purpose of determining my continual eligibility.

Signature

Date

Greek Life office use only:

Cumulative GPA: _____

Eligible

Not Eligible

of Credits: _____