Fraternity/Sorority Roster Change Form

Return this form to the Coordinator for Fraternity & Sorority Life (University Union Suite, Room 232C)

Organization _____

Member Name	TU ID Number	Add/Remove	Reason for Change (graduation, study abroad, left school, medical leave, disaffiliation)

I hereby attest that the above changes are accurate and that my chapter roster is consistent with the roster on file with my organization's inter/national office.

_____ _____

Chapter President Signature Date