Armstrong State University
Greek Chapter Profile

Please turn this form into the Office of Student Life, MCC 201 no later than three weeks after the first day of classes fall semester.

Organization Name: ____________________________________________

Chapter Designation: __________________________________________

Chapter Website: _______________________________________________

National Website: ______________________________________________

CHAPTER MEMBERSHIP STATISTICS

Chapter Size (include new members in total) _______ Number of New Members _______

Number of: _______ Freshman _______ Sophomores _______ Juniors _______ Seniors

Anticipated number of members graduating in December: ________________

Anticipated number of members graduating in May: ________________

CHAPTER SCHOLARSHIP STATISTICS

Minimum GPA required to initiate: ____________

Minimum GPA required of all chapter members: ____________

Minimum GPA required to hold an executive office: ____________

CHAPTER MEETINGS: Day___________ Time_________ Location________________________

ELECTIONS (if not set, provide an anticipated date)

Date of Elections: ____/____/____ Date of Officer Installation: ____/____/____

INITIATION (if not set, provide an anticipated date)

Date of fall initiation: ____/____/____ Date of spring initiation: ____/____/____

LEADERSHIP DEVELOPMENT

National/Regional Conference Information

Conferences held during the summer Date ____/____/____ Location: __________________________

Conferences held during academic year Date ____/____/____ Location: __________________________