

Armstrong State University Intake/Recruitment Plans

Office of Student Life * 912.355.2504 *

Please submit this form to the Office of Student Life no more than two weeks from the first day of classes.

Date Submitted: _____ Organization: _____

New Member Educator: _____

Email: _____ Cell Phone Number: _____

New Member Advisor: _____

Email: _____ Cell Phone Number: _____

NEW MEMBER/INTAKE PROCESS

On what date will you post advertisements for the Recruitment/Intake process? _____

What is the date and location of your first recruitment activity/informational?

Please list the date and location of each event the new members will be required to attend/participate:

(Please include initiation and ritual activities including presentation of new members. All required EVENTS must be listed. If an event is changed the Assistant Dean of Student Life must be notified 24 hours in advance. Please use additional pages if necessary.)

EVENT	DATE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When will new members be educated on Armstrong State University and your organization's hazing policies, as well as whom to contact if he/she feels hazed?

Will an overnight activity take place? YES NO
If yes, who is the Advisor or Executive Member who will take responsibility?

By checking this box you are verifying that all events that occur during the Intake/Recruitment process comply with all the policies of your organization and Armstrong State University. You are also verifying that no event will include activities that could be construed as hazing (no events can occur until this box is checked).

President's Signature Date

New Member Educator's Signature Date

Chapter Advisor's Signature Date