**Office Fraternity and Sorority Life**

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**National Pan-Hellenic Council (NPHC)**

**&**

**Multicultural Greek Council (MGC)**

**Membership Intake Forms**

**Spring 2023**

Spring 2023 Membership Intake

Important Dates and Deadlines

Membership Intake Window Opens January 22nd

NPHC/MGC Interest Meeting January 21st

Membership Intake Request Form Due\* February 13th

Request for Extension February 13th

Venue Approval Documentation\*\* Two weeks prior to New Member Presentation

Cowbell Connect form for NMP Two weeks prior to New Member Presentation

Membership Intake Window Close April 1

Special Notes:

\*Organizations participating in membership intake must submit the Membership Intake Request Form **BEFORE** starting the membership intake process.

\*\*Organizations must submit official documentation from event services regarding the space rental for the new member presentation to NPHC/MGC advisor. This information must be submitted **TWO WEEKS** before the new member presentation. This documentation is required for both on and off campus locations. Failure to submit documents may result in being denied permission to host a new member presentation.

**Mississippi State University**

**National Pan-Hellenic Council**

**Multicultural Greek Council**

**Chapter Advisor Agreement**

**For**

**Spring 2023**

As an advisor, I agree to ensure that the Organization will comply with the Mississippi State University’s Rules and Regulations governing the Intake/Initiation Program:

Note Items listed below:

* Organization potential members has or will participate in the NPHC/MGC Interest Meeting.
* Organization will ensure that eligibility release forms will be returned to the Office of Fraternity and Sorority Life within 48 hours of the informational meeting, interest meeting, or awareness seminar.
* Organizations must complete and submit all forms required per the Mississippi State University Intake Guidelines.
* Potential New Members will sign and complete all required documents as stated in the Mississippi State University Membership Intake Guidelines and be given to the Office of Fraternity and Sorority Life before he/she begins the organization’s membership program.
* Organizations must adhere to all deadline’s dates and expectations.
* Organizations must submit all requested documents, information, paperwork, and timelines as outlined in the Mississippi State University Membership Intake Guidelines.

**Advisor Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have agreed and approved all activities associated with the

Advisor’s Name

Membership Intake Process for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will be present

Organization

and/or ensure that a responsible representative will be in charge of all activities associated with their Membership Intake Process for the above stated organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature Date

**Mississippi State University**

**National Pan-Hellenic Council**

**Multicultural Greek Council**

**Fraternity and Sorority Hazing Compliance Form**

We certify that all activities sponsored or required by our national fraternity/sorority members or pledge/associate members comply with the MSU Hazing Policy, and with the State of Mississippi.

We have informed the candidate/aspirant member(s) of our fraternity/sorority of the contents of the MSU Hazing Policy. This policy will be read to aspirants at the beginning of each semester’s intake process.

We understand that failure to uphold the MSU Hazing Policy will result in referral to the Dean of Students for an organizational violation of the MSU Hazing Policy (i.e., the fraternity/sorority will face charges), and/or referral to the Dean of Students for an individual violation of the MSU Hazing Policy (i.e., the individuals within the fraternity/sorority who haze will face charges).

We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. We understand our responsibility to not allow members of our organization, whether grad status or affiliated at another institution of higher education, to haze our aspirants. Failure to report any such activity of which you become aware may cause personal referral to the Dean of Students.

Our signatures below certify that we have read, understand, and agree to abide by the MSU Hazing Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fraternity/Sorority Name Individual Chapter Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of the Chapter President Printed Name of the Intake Chair/New Member Educator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Chapter President Signature of the Intake Chair/New Member Educator

\_\_\_ / \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ / \_\_\_

Date Date

**Mississippi State University**

**National Pan-Hellenic Council**

**Multicultural Greek Council**

**Verified Aspirants Grade Release Form**

Organization & Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hereby declare that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date submitted), the following individuals are aspirants for membership into our organization and will be duly initiated pending the decision of our regional/national representative(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Candidates Signature Chapter President Signature of Intake Chair Signature of Advisor

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| --- | --- | --- | --- |
| **Number** | **Aspirant’s Name** | **Signature**: I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit MSU to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Office of Fraternity & Sorority Life that I no longer wish to allow such information to be released. | **MSU Net ID** |
| **1** |  |  |  |
| **2** |  |  |  |
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**NPHC/MGC Advisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mississippi State University**

**National Pan-Hellenic Council**

**Multicultural Greek Council**

**Verified Aspirants Hazing Policy Notification Form**

Organization & Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Number** | **Aspirant’s Name** | **Policy:** Hazing is prohibited. Physical hazing violates statutes of the State of Mississippi. Any member and/or group failing to comply with this policy is subject to disciplinary action. This policy pertains to all pledges, active, and alumni members of the fraternity, sorority, or other organizations.  For purposes of this policy, hazing is defined as any individual or organization who, in the course of another person’s initiation into or affiliation with any organization, intentionally or recklessly engages in conduct which creates a substantial risk of physical injury to such other person or a third person. | **MSU Net ID** |
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**Mississippi State University**

***Office Fraternity and Sorority Life***

**Membership Intake Request Form**

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| Organization: | | | |  | | | | | | | | | | | | | | | | | | |
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| Chapter: | | | |  | | | | | | | | | | | | | | | | | | |
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| Chapter President: | | | |  | | | | | | | | Email Address: | | | | | | |  | | | |
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| Primary Adviser: | | | |  | | | | | | | | Email Address: | | | | | | |  | | | |
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| **Regional/District Leadership Contact Information:** | | | | | | | | | | | | | | | | | | | | | | |
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| Name: |  | | | | | | | | | | | | | | | Title: | | |  | | | |
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| Phone: |  | | | | | | | | | | | Email Address: | | | | | | |  | | | |
| Name: |  | | | | | | | | | | | | | | | Title: | | |  | | | |
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| Phone: |  | | | | | | | | | | | Email Address: | | | | | | |  | | | |
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| **Calendar of Events** | | | | | |  | | | | |  | | | | | | | | | |  | |
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| **Membership Intake Events:** (all activities pertaining to membership intake must be listed including Interest Meeting, Initiation Ceremony, Educational Sessions, New Member Presentation, etc.). Use additional paper if necessary. | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Event | | | | | | | Date & Time | | | | | | | Proposed Location | | | | | | | | Responsible Adviser |
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| By completing this form, I understand that I am stating on behalf of my organization the intent to conduct membership intake this semester and that the above information is true, to the best of my knowledge. The members of the organization understand and agree to abide by policies, procedures, and guidelines governing the process at Mississippi State University. **ALL activities must be held on campus and secured with a Facilities Request. Off campus membership intake activities must be approved by the Office of Fraternity and Sorority Life.** I also recognize that should any changes take place in the scheduling of events; I will report these changes to Office of Fraternity and Sorority Life immediately. | | | | | | | | | | | | | | | | | | | | | | |
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| President’s Signature: | | | |  | | | | | | | Date: | |  | | | | | | | Phone: |  | |
| Adviser’s Signature: | | | |  | | | | | | | Date: | |  | | | | | | | Phone: |  | |
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| **For Office Use Only:** | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Date of Submission | | | | |  | | | | | | | Copy Sent to Chapter/Graduate Adviser | | | | | |
|  | | | | |  | | | | |  | | | | | | |  | | | | | |
|  | | | | | Intake Request Accepted | | | | |  | | | | | | | Intake Request Denied | | | | | |

**Example of New Member Presentation Plan**

***\*\*\*Must be submitted to two weeks before New Member Presentation\*\*\****

I hope all is well with you.  This email serves as a response to the NPHC and MGC Intake Policy, concerning Neophyte presentation shows. We the *insert chapter* of *insert organization*, want to make sure that we are doing all we can to ensure the enjoyment and safety of all in attendance. As such, we have spoken with the NPHC/MGC Advisor to discuss the best way of moving forward with our new member presentation.  Herein stated are the details of our conversation.

In order for us to abide by the structure set by our national constitution and the University, we have to have it on *insert date of new member presentation*. *Insert location* has been booking by *insert name of responsible party*, and the set-up is also complete. We will also have *insert number of confirmed ushers (if using Lee Hall)* people serving as ushers for this presentation.

As we understand the concern regarding security and managing the amount of people that will come, *insert responsible party* has spoken with the MSU Police Department. We as the *insert chapter* have agreed to help security manage our event.  It is impossible for us to guarantee that no incident will happen; however, we feel that we have taken the measures necessary to put in place safeguards that will ensure our program is a great experience for all in attendance.

*Brothers/Sisters* of the *chapter name* will report to *insert location* at *specify time*

Entrance into the Neophyte Presentation:

Family Members will enter from *specify time*

Members of *insert organization name* will enter from *specify time*

Greeks will enter from *specify time*

General Public will enter from *specify time*

The show will start at *specify time*

**Family members and members of *insert organization* will understand that they have to be on time. If they are not there at their designated times, then we will continue with the seating schedule.**

The members of *insert chapter* will make sure that the entrance schedule remains accurate, and that people are being seated properly.

As this is a free event, we will make sure that our ushers standing at the doors will keep count of the amount of people that are let in on each level of Bettersworth Auditorium.  Once capacity is reached on each level, no more individuals will be allowed access. (*only for events in Lee Hall)*

As for cleanup, the current members and the new members of the *insert chapter and organization* will handle cleaning *insert location*. I, *insert name of responsible party*, have had a conversation with the chapter. The chapter understand that any member that leaves prior to the venue space being clean will face consequences in line with their actions and may cause the chapter to be placed on probation, fined, or any other consequences aligned with the Mississippi State Membership Intake Guidelines and the NPHC or MGC Constitution.

As for advertising, we will advertise using social media and word of mouth on campus. We are also familiar with the advertising policies that are instated on campus.

*Insert advisor name*, our advisor, has stated that *she/he* will be there before, during, and after the event to make sure that all items outlined in this email take place.

Should you have any concerns or questions please do not hesitate to contact me:

*Insert Name*

* Insert contact number
* Insert email

Best wishes