



MISSISSIPPI STATE
UNIVERSITY™

Office Fraternity and Sorority Life

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National Pan-Hellenic Council
United Greek Council
Membership Intake Forms
Fall 2025

Fall 2025 Membership Intake Important Dates and Deadlines

Membership Intake Window Opens	August 20, 2025
Membership Intake Window Close	October 13, 2025

Special Notes:

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

**Mississippi State University
National Pan-Hellenic Council
United Greek Council
Chapter Advisor Agreement
For
Fall 2025**

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/UGC Committed Prospective Meeting.
 - Organization will ensure that eligibility release forms will be returned to the Office of Fraternity and Sorority Life within 48 hours of the chapter's 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.
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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

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

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

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
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Mississippi State University

Verified Aspirants Hazing Policy Notification Form

Organization & Chapter Name: _____ Date _____

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

Organization: _____

Chapter: _____

Chapter President: _____ Email Address: _____

Primary Adviser: _____ Email Address: _____

Regional/District Leadership Contact Information:

Name: _____ Title: _____

Phone: _____ Email Address: _____

Name: _____ Title: _____

Phone: _____ Email Address: _____

Calendar of Events

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.

Name of Event	Date & Time	Location	Responsible Advisor

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 reviewed and 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.

President's
 Signature: _____ Date: _____ Phone: _____

_____ Date: _____ Phone: _____

Adviser's Signature: _____

For Office Use Only: _____

_____ Date of Submission	_____ Copy Sent to Chapter/Graduate Adviser
_____ Intake Request Accepted	_____ Intake Request Denied