

University of New Orleans Fraternity/Sorority Roster Update Form

This form is to be submitted to the Greek Advisor within 48 hours of a change in someone's membership status.

Please **add** the following student(s) to the roster of the _____
Chapter of _____ Fraternity/Sorority.

Full Name	**Student ID #**	Full Name	**Student ID #**

Please **remove** the following student(s) from the roster of the _____
Chapter of _____ Fraternity/Sorority.

Full Name	**Student ID #**	Full Name	**Student ID #**

Please note: Student ID Number -- NOT Social Security Number -- is required.

Update submitted by: _____ Date: _____