Fraternity Recruitment Application

Full Name: ________________________________ Age: ______
Email: ________________________________

Status: □ FR □ SO Cumulative GPA (high school or college): ______
        □ JR □ SR University of La Verne Fall Semester GPA (if applicable): ______
        (You must meet and maintain a 2.5 semester and cumulative GPA)

Residence: □ Off Campus Major: ____________________________
           □ On Campus

Phone #: (______) _____________________

Are you a Legacy?  □ Yes □ No If so, which one: ____________________________
(Legacy means that you have immediate family members who are part of a Greek-letter organization.)

Other College(s) Attended:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Other involvement on campus (clubs, sports, work, volunteer, etc.):
Activity/Program: Position/If any: Dates of Involvement:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

How did you hear about fraternity recruitment?
□ Advertisement/Flyer/Poster □ Faculty/Staff member □ Friend/Other Student
□ Informational Meeting □ Information Table □ Student Orientation
□ Website □ Other: ____________________________________________

Please submit your completed application to the Office of Student Life (located on the First floor of the Campus center) All applications must be received by Friday, February 22nd @ 10am in order to participate in fraternity recruitment.

Permission Statement: I grant permission for the Greek Advisor to verify my eligibility for Greek membership at the University of La Verne. I understand that my information will be used only to verify my eligibility.

Signature: ________________________________ Date: ____________________________

Student ID #: __________________________