Order of Omega - ROSTER UPDATE FORM

FRATERNITY &
SORORITY LIFE
University of Northern Iowa

INSTRUCTIONS

Please read this form carefully. This is your organization's opportunity to update your chapter roster which is used for various record keeping purposes within the Office of Student Life and Order of Omega. Please ensure that the person completing this form has accurate information about the member status of each member of your organization.

All roster updates are the sole responsibility of the chapter.
Incomplete forms will <u>not</u> be processed.

CHAPTER INFORMATION

Chapter: Order of Omega - Gamma Psi

Date Updated:

Chapter Total:

After completing this form, this number should correctly state your chapter size, including New and Current Members.

APPROVAL

My signature indicates that I have reviewed the roster, completed any necessary changes, and confirms that the information submitted is correct and accurate.

Signature	Chapter Position	Date

ADDING A MEMBER

Please provide a spreadsheet with a list of the newly initiated members, along with their initiation date. You may either attach a hard copy to this form or email it to Pamela.Creger@uni.edu.

REMOVING A MEMBER

Check the appropriate box on the Roster Update Form. Below is an explanation of each status.

Graduated	If a member has Graduated from UNI.

Transferred	If a member transfers to another school.

Cancelled Membership	If a member is Deactivated, Withdrawing, Cancelling their membership voluntarily from their chapter.

Terminated	If a member has been Terminated by their chapter.

Other	For any other situation, please consult with the Office of Student Life.

This form should be turned in to the Office of Student Life for processing.
You may request a copy of your roster at any time to ensure the appropriate changes have been made.
You may need to make multiple copies of p. 2 - Membership Information

ORDER OF OMEGA MEMBERSHIP INFORMATION

Updated 8/6/2018

Name:	Office Use Only
☐ Graduated ☐ Transferred ☐ Cancelled Membership ☐ Terminated ☐ Other	☐ SIS _____ Initial/Date when complete

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