

Fraternity/Sorority: \_\_\_\_\_



**STAR**

Success Through Accountability and Recognition  
SAU GREEK LIFE STANDARDS PROGRAM

## SAU Greek Life Organization Involvement

Information on organizational involvement will be collected on a rolling basis and compiled at the end of each semester in an effort to show the significant impact that SAU fraternities and sororities have on the SAU campus.

By collecting this data, Greek Life is able to track the total amount of students that are involved in other organizations around campus. The compiled information will then be used to project the accurate portrayal of the wide variety of student organizations in which the SAU chapters are engaged.

### Organization Information

**Student Organization Name:** \_\_\_\_\_

I, \_\_\_\_\_, hereby confirm that, \_\_\_\_\_, is actively  
(Org. President) (Org. Member)  
**involved in the above listed organization.**

**This member, \_\_\_ does/\_\_\_ does not hold an officer position.**

**If an officer position is held, please check the appropriate position below.**

- \_\_\_\_\_ **President**
- \_\_\_\_\_ **Vice President**
- \_\_\_\_\_ **Secretary**
- \_\_\_\_\_ **Treasurer**
- \_\_\_\_\_ **Historian**
- \_\_\_\_\_ **Other:** \_\_\_\_\_

### Verification

Organization President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Then return this completed form within TEN business days after completion to:**

Office of Student Activities – Greek Life  
Reynolds 201  
MSC #9146  
Magnolia, AR 71753  
Phone: 870.235.4929 Fax: 870.235.5265

For Office Use Only

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_