



PHI BETA SIGMA FRATERNITY, INC.

CHAPTER REQUEST TO CONDUCT INTAKE AND PROPOSED INTAKE SCHEDULE

PRINT OR TYPE ONLY

COMPLETE THIS FORM AFTER (1) THE REGIONAL DIRECTOR HAS APPOINTED THE AREA CERTIFICATION INTAKE CHAIRMAN (INTAKE CHAIRMAN); (2) BROTHERS OF THE CHAPTER HAVE BEEN CERTIFIED IN THE INTAKE PROCESS; (3) THE AREA CERTIFICATION INTAKE TEAM (INTAKE TEAM) HAS BEEN APPOINTED BY THE REGIONAL DIRECTOR AND (4) THE INTAKE TEAM HAS MET WITH THE COLLEGIATE CHAPTER ADVISOR AND CHAPTER PRESIDENT, TO DISCUSS INTAKE AND THE PROPOSED INTAKE SCHEDULE.

To Brother _____, Regional Director _____, Chapter _____, Region _____

Street _____ City _____ State _____ Zip Code _____ Telephone: _____ Fax: _____

REQUEST IS HEREBY MADE THAT THE REGIONAL DIRECTOR APPROVE AN INTAKE PROCESS FOR THIS CHAPTER TO BE CONDUCTED BY AN AREA INTAKE CERTIFICATION TEAM (INTAKE TEAM), TO BE APPOINTED BY THE REGIONAL DIRECTOR.

IT IS HEREBY CERTIFIED THAT THIS CHAPTER AND THE LISTED MEMBERS ARE IN GOOD FINANCIAL STANDING, THAT THE COMPLETED FORMS REPORTING THE CURRENT CHAPTER OFFICERS, THE FINANCIAL MEMBERS AND COLLEGIATE CHAPTER ADVISOR HAVE BEEN DULY FILED WITH THE NATIONAL OFFICE AND REGIONAL SECRETARY (SEE OFFICER AND FEE UPDATE FORM AND SUPPORTING DOCUMENTATION ENCLOSED HEREWITH).

THE PROPOSED INTAKE SCHEDULE, WHICH INCLUDES: THE DATE; TIME; PLACE; AND THE NAMES OF THE BROTHERS (CERTIFIED IN INTAKE) WHO WILL BE PARTICIPATING IN EACH INTAKE ACTIVITY, IS AS FOLLOWS:

I. INFORMATIONAL MEETING:

Date: _____ Time: _____ City/College: _____ Location/Address (be specific): _____

Participants (Brothers that are certified in the Intake Process), including Intake Team:

- 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____

II. INTERVIEWS:

Date: _____ Time: _____ City/College: _____
Location/Address (be specific): _____

Participants (Brothers that are certified in the Intake Process), including Intake Team:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |

III. EDUCATIONAL DEVELOPMENT AND TESTING:

Day 1: _____ Day 2: _____ Day 3: _____ Day 4: _____
(Date/Time) (Date/Time) (Date/Time) (Date/Time)
City/College: _____
Location/Address (be specific): _____

Participants (Brothers that are certified in the Intake Process), including Intake Team:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |

IV. INITIATION:

Date: _____ Time: _____ City/College: _____
Location/Address (be specific): _____

Participants (Brothers that are certified in the Intake Process), including Intake Team:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |

IT IS FULLY UNDERSTOOD AND AGREED THAT NO INTAKE ACTIVITY SHALL TAKE PLACE OTHER THAN AT THE TIMES AND PLACES LISTED ABOVE, WITHOUT WRITTEN APPROVAL OF THE REGIONAL DIRECTOR.

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IT IS FURTHER UNDERSTOOD THAT THE INTAKE TEAM SHALL CONDUCT THE INTAKE ACTIVITY AND THAT THE COLLEGIATE CHAPTER ADVISOR SHALL BE PRESENT AT EVERY INTAKE ACTIVITY OF THE COLLEGIATE CHAPTER.

IT IS ALSO ACKNOWLEDGED THAT THE ANTI-HAZING AND ANTI-PLDGING POLICY OF PHI BETA SIGMA HAS BEEN FULLY REVIEWED, EXPLAINED AND UNDERSTOOD BY ALL MEMBERS OF THIS CHAPTER; AND THAT ALL BROTHERS WHO WILL PARTICIPATE IN THE INTAKE PROCESS HAVE SIGNED AN ACKNOWLEDGMENT AND HOLD-HARMLESS AGREEMENT, THE ORIGINAL OF WHICH IS FORWARDED HERewith AND A COPY MAINTAINED FOR THE CHAPTER RECORDS.

Dated: _____ Signed:(1) _____
Chapter President
Signed:(2) _____ Signed:(3) _____
Collegiate Chapter Advisor Intake Chairman

AFTER ABOVE IS SIGNED BY CHAPTER PRESIDENT, COLLEGIATE CHAPTER ADVISOR AND INTAKE CHAIRMAN, **SEND ORIGINAL AND ENCLOSURES TO REGIONAL DIRECTOR**, WITH A COPY TO THE NATIONAL OFFICE. COPIES OF THE THE INTAKE CHAIRMAN AND THE CHAPTER RETAIN SIGNED REQUEST FORM AND ALL THE ENCLOSURES.

(THE FOLLOWING TO BE COMPLETED BY THE REGIONAL DIRECTOR AND - RETURNED TO THE CHAPTER, FORWARDING A COPY TO THE NATIONAL OFFICE AND - KEEPING A COPY FOR HIS RECORDS):

APPROVED TO HOLD INFORMATIONAL MEETING, ON THE DATE INDICATED ABOVE.

(PLEASE BE REMINDED THAT AFTER HOLDING THE INFORMATIONAL MEETING, FURTHER APPROVAL BY THE REGIONAL DIRECTOR IS NECESSARY TO CONDUCT INTERVIEWS, FOLLOWING THE SUBMISSION OF APPLICATIONS AND REFERENCES, APPLICATION FEES AND ACADEMIC CREDENTIALS, FOR REVIEW BY THE REGIONAL DIRECTOR.)

Dated: _____ Signed: _____
Regional Director