

RECOMMENDATION FOR APPOINTMENT OF CHAPTER ADVISER

The Theta Tau Constitution provides, in part, that the Adviser(s) shall be appointed upon recommendation of the chapter. **Complete this form even if you wish your current Adviser(s) to continue to serve.**

Senior Adviser:

1. Title, Name, Chapter, Year:

Preferred Mailing Address:

Current Professional Position:

Telephone Numbers

H: _____ / _____ W: _____ / _____

Email Address

2. Title, Name, Chapter, Year

Preferred Mailing Address:

Current Professional Position:

Telephone Numbers

H: _____ / _____ W: _____ / _____

Email Address

3. Title, Name, Chapter, Year:

Preferred Mailing Address:

Current Professional Position:

Telephone Numbers

H: _____ / _____ W: _____ / _____

Email Address

4. Title, Name, Chapter, Year:

Preferred Mailing Address:

Current Professional Position:

Telephone Numbers

H: _____ / _____ W: _____ / _____

Email Address

5. Title, Name, Chapter, Year:

Preferred Mailing Address:

Current Professional Position:

Telephone Numbers

H: _____ / _____ W: _____ / _____

Email Address

Submitted by: _____ Office: _____ Date: _____

Complete and email form promptly to the Theta Tau Central Office at central.office@thetatau.org