

This form is to be completed only for those previously granted Premature Alumnus Status and requesting to resume student member status.

I request transfer to student member status for the following reasons:

I understand that semiannual dues obligation for the current semester must be met if student member status is resumed on or before the semiannual dues deadline (November 1/ March 15).

Date Signature

Full Name Chapter Roll Number Initiation Date

Preferred Mailing Address City State Zip Code+4

Expected Graduation Date Telephone Number (w/area) Email Address

Four-fifths approval was given this request in a meeting held on _____,
as is recorded in the minutes. This member has paid his previous Fraternity debt to the chapter on _____ (if applicable).

SIGNED: _____
Regent Scribe

Having given this matter careful consideration, I approve this member's request for return to student member status.

Comments:

Date: _____ Signed: _____

WHEN THE ABOVE IS FULLY COMPLETED, MAIL BOTH COPIES OF THIS FORM TO THE EXECUTIVE DIRECTOR.

In view of the information presented above, I approve this member's request. The Regent is instructed to notify the member of this action.

Date _____ Signed: _____
Executive Director