

Semester: \_\_\_\_\_

**Sacred Heart University  
Fraternity & Sorority Life  
Initiation Confirmation Form**

Please complete and return to the Office of Fraternity & Sorority Life within two business days of the completion of your chapter's initiation.

Date Received:	Staff Initials:
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I/We attest that the following students have been initiated into \_\_\_\_\_  
fraternity/sorority on \_\_\_\_\_ (date) as outlined by our national policy.

_____ New Member Educator	_____ Date
_____ Chapter President	_____ Date
_____ Chapter Advisor*	_____ Date

\*A chapter advisor signature is required. If an in-person signature is not possible, please have advisor email Director or Asst. Director of Fraternity & Sorority Life to confirm completion of initiation.

[illegible]

[illegible]