

PETITION FOR REACTIVATION

Name of School: _____

Accredited By: _____

Male Undergraduate Enrollment: _____

Female Undergraduate Enrollment: _____

Total Undergraduate Enrollment: _____

Total Enrollment: _____

Total Number of Greeks: _____

Percentage of Undergraduate Men belonging to a fraternity (members and pledges): _____

Percentage of Undergraduate Women belonging to a sorority (members and pledges): _____

Number of Fraternities: _____

Number of Colonies: _____

Total: _____

Number of Sororities: _____

Number of Colonies: _____

Total: _____

FOR HQ USE ONLY [Version 8.2014]

Approved: _____

Reactivation Date: _____

Chapter Name: _____

Denied: _____

Comments:

Administrative Approval Form

The granting of a charter by The Order of Omega is approved by:

1. Vice President for Student Affairs or the Dean of Students:

Name:

Title:

Date:

Signature: _____

2. Advisor to Fraternities:

Name:

Title:

Date:

Signature: _____

3. Advisor to Sororities:

Name:

Title:

Date:

Signature: _____

4. President of the Interfraternity Council:

Name:

Title:

Date:

Signature: _____

5. President of the Panhellenic Council:

Name:

Title:

Date:

Signature: _____

6. President of the National Pan-Hellenic Council: (if applicable)

Name:

Title:

Date:

Signature: _____

7. President of the MultiCultural Council: (if applicable)

Name:

Title:

Date:

Signature: _____

Provide a complete, typed list of the active social Fraternities and Sororities on your campus. Designate colony status, if applicable.

Attached

Please provide the following for future correspondence:

Name of person requesting charter:

Title:

Phone Number:

Email:

Name of future Chapter Advisor:

Advisor Title:

Advisor Phone:

Advisor Email:

Advisor/University Mailing address: