

# PETITION FOR CHARTERING

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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: \_\_\_\_\_

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## FOR HQ USE ONLY [Version 8.2014]

Approved: \_\_\_\_\_

Chartering 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: \_\_\_\_\_

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

Attached

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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:**