

PETITION FOR REACTIVATION

Name of School: _____

Accredited By: _____

Male Undergraduate Enrollment: _____

Female Undergraduate Enrollment: _____

Total Undergraduate Enrollment: _____

Total Enrollment: _____

Total Number of Members in F/S Community: _____

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

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

Number of Fraternities: _____

Total: _____

Number of Sororities: _____

Total: _____

FOR HQ USE ONLY [Version 10.2021]

Approved: _____

Reactivation Date: _____

Chapter Name: _____

Denied: _____

Comments:

Administrative Approval Form

The granting of a reactivation 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: *(if applicable)*

Name: _____

Title: _____

Date: _____

Signature: _____

5. President of the Panhellenic Council: *(if applicable)*

Name: _____

Title: _____

Date: _____

Signature: _____

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

Name: _____

Title: _____

Date: _____

Signature: _____

7. President of the Multicultural Council/United Greek Council: *(if applicable)*

Name: _____

Title: _____

Date: _____

Signature: _____

Provide attach a complete, typed list of the active social Fraternities and Sororities on your campus.

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: