Fraternity New Member Form

First Name: ________________________________  Last Name: ________________________________

Student ID #: ______________________________  Cell Phone #: ________________________________

RIC Email Address: ____________________________________________________________________________

RIC On-Campus Residence Hall & Room # or Off-Campus: _____________________________________________

Current Status (circle what fits best):
- Freshmen
- Sophomore
- Junior
- Senior

Grade (GPA) Requirements:
- Kappa Delta Phi: 2.25 cumulative

How to provide your grades to the Greek Life Office (check the option that fits best):
_____ If you took classes at RIC last semester, the Greek Life Office will be able to obtain your grades by signing the statement below.
_____ If this is your first semester taking college courses after your high school graduation, you must provide a copy of your high school transcript.
_____ If you are a transfer student, you must provide a copy of your transcript from your previous institution.

ACADEMIC RECORD RELEASE:

I give my consent to the Office of Student Activities/Greek Life to release my educational records (grades) to the Greek organization I choose for use in scholarship programs, advising, and chapter averaging at any time during my membership in the chapter. I authorize this release for the time that I am enrolled at Rhode Island College or until I notify the Office of Student Activities/Greek Life otherwise in writing.

____________________________________________________  ________________________________
Signature Date