



Date Received: _____

Date Entered: _____

CCU Fraternity and Sorority Life
Membership Roster Deletions

Greek Organization: _____

Date: _____

Chapter President's Signature: _____

Please type in the name, and **student ID number**, for each roster deletion. Please refer to the CCU Fraternity and Sorority Life Policy Manual for legitimate reason for deletion. Completed forms should be returned to Fraternity and Sorority Life.

	Name (typed)	Student ID#	Reason for Deletion
1.			
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