



CARROLL UNIVERSITY

Fraternity and Sorority Disaffiliation Form

Students who have selected to terminate their collegiate fraternal affiliation or have been removed from associate or active membership are required to complete this Disaffiliation Form. This form should be completed and submitted to the Assistant Director of Student Activities prior to the end of the semester in which a member is disaffiliating. Members who disaffiliate before the midterm of the semester will not be included on the chapter grade roster for that semester.

Remove

Name _____ Email _____

Student ID# _____ Phone _____

From Fraternity/Sorority _____

Reason for Disaffiliation

Member Signature

Date

If a member is unavailable to sign the Disaffiliation Form (Ex: Member no longer attends Carroll University), the form can be processed as long as the Chapter President and Chapter Advisor both sign the form.

Chapter President (Required Signature) Date Telephone

Chapter Advisor (Required Signature) Date Telephone