

# university of california santa barbara panhellenic fall recruitment 2002



Instructions:

- Type or print clearly with black ink.
- Enclose a check for \$55, payable to UCSB Panhellenic (If registration sent after August 15, payment is \$75.)

Name \_\_\_\_\_ Preferred, for Name Tag \_\_\_\_\_

Summer Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

UCSB Fall Address \_\_\_\_\_ Phone \_\_\_\_\_

Student Status ☐ Freshman ☐ Continuing Sophomore ☐ Continuing Junior (# of units \_\_\_\_\_ GPA \_\_\_\_\_)  
☐ Transfer Sophomore ☐ Transfer Junior (# of units \_\_\_\_\_ GPA \_\_\_\_\_)

High School, City/State, Graduation Year, and GPA \_\_\_\_\_

Previous College attended and GPA (for transfer students) \_\_\_\_\_

High School/College activities, honors, awards, hobbies \_\_\_\_\_

Volunteer or work experience \_\_\_\_\_

Do you have any relative(s) who is/are a member(s) of a sorority at UCSB or elsewhere?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Sorority \_\_\_\_\_ Campus \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Sorority \_\_\_\_\_ Campus \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Sorority \_\_\_\_\_ Campus \_\_\_\_\_

Please read and sign:

"I authorize the release of my transcript to the Greek Director and the UCSB Collegiate Panhellenic Council VP-Recruitment. It is my understanding that this information will be made available to the Recruitment Chair and Advisor of each chapter for GPA verification only. My signature also further acknowledges that I will be attending Fall Formal Panhellenic Recruitment at UCSB and will follow all rules and regulations associated with the process. I further attest that I am a regularly enrolled full time student in good standing with a 2.0 or better cumulative GPA, and am not on academic probation or subject to dismissal. I further attest that the information given is accurate to the best of my knowledge and I understand that falsification could lead to my ineligibility in Panhellenic Recruitment."

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail registration form, check, and self-addressed stamped envelope to:

UCSB Panhellenic Recruitment—Registration  
Office of Student Life  
SAASB 2201  
University of California  
Santa Barbara, CA 93106-5010

For office use, do not write below

Date received:

Receipt number :

Date processed:

Amount paid:

Rushee number:

Rho Chi group number:

Scholarship verification:

Alumni area:

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