

# SYRACUSE UNIVERSITY

## OFFICE OF FRATERNITY AND SORORITY AFFAIRS

### **New Membership Intake Policy**

1. All forms, i.e. Officer List, Compliance Document, and Current Roster, must be completed and submitted to the office coordinator, Stephanie Fortier, in The Office of Fraternity and Sorority Affairs ("FASA") no later than ten (10) days before the intake process begins.
2. A letter requesting approval for membership intake and a FASA Membership Intake Request Document with proper signatures must be submitted to FASA no later than ten (10) days before the organization's first informational meeting.
3. Notification in writing confirming that the chapter is in good standing with Syracuse University must be received from the Director of Fraternity and Sorority Affairs before any event can take place.
4. Names, SU IDs, and the Grade Release confirmation of all interested participants who attended an informational must be submitted to the office coordinator, Stephanie Fortier, in the Office of Sorority and Fraternity Affairs within 24 hours of the informational meeting or by the following Monday for weekend informational,
5. The chapter must submit the names of participants selected to take part in the membership intake process to their chapter advisor in the Office of Fraternity and Sorority Affairs before the process can begin.
6. All intake documents from the national and regional office MUST be submitted to their chapter advisor in the Office of Fraternity and Sorority Affairs within 48 hours of receipt.
7. Organizations must submit the names of new members to FASA within 24 hours of the initiation date, along with each new member's Compliance Document.
8. If your organization is planning a new member presentation, please review the attached New Member Presentation Regulations.
9. Organizations that are probating, needs to do so within the six week new member process or one week after your new members cross. All probates need to end by 11pm.
10. All chapters wishing to partake in the intake process must meet with one of the two Graduate Assistants Aileen Coughlin or Daniel Hoddinott to go over all requirements prior to starting the intake process.
11. Once candidates for membership have been selected, they (as a group) are required to meet with a professional staff member from the Office of Fraternity and Sorority Affairs to review the university expectations on membership, student code of conduct, and all applicable polices related to Greek membership, recruitment, and intake.
12. I hereby give permission to the Office of Fraternity and Sorority Affairs to verify that I have obtained a minimum GPA of 2.5, with 12 credit hours earned at Syracuse University (transfer Credits do not count. All credits must have been taken and completed at Syracuse University prior to the start of Recruitment.) I also give permission to confirm my disciplinary history with the Office of Student Rights & Responsibilities in order to assess my eligibility prior

to affiliating with a recognized Greek organization at Syracuse University. Eligible applicants must not be on a disciplinary status of probation or higher with the University during the application, intake or recruitment process. Applicants may also not have an outstanding, unresolved judicial case pending. Any applicant who is not qualified will be removed from the process and will not receive a refund.

Chapter Advisors in the Office of Fraternity and Sorority Affairs are the University Officials who sign all intake forms required by a national organization. Interested participants' cumulative and semester GPAs cannot be released by FASA. FASA will provide the chapter with confirmation of interested students who are in good standing. The interested participants' Grade Release Documents must be signed before any GPA confirmations takes place.

For signature requests and grade checks, please email Assistant Director Justina DeMott at [jndemott@syr.edu](mailto:jndemott@syr.edu), Program Coordinator Debbie Manobianco at [dlmanobi@syr.edu](mailto:dlmanobi@syr.edu), Program Coordinator Jason Nova at [jnova@syr.edu](mailto:jnova@syr.edu), Aileen Coughlin at [amcoughl@syr.edu](mailto:amcoughl@syr.edu), Daniel Hoddinott at [dnhoddin@syr.edu](mailto:dnhoddin@syr.edu) depending on your FASA advisor and schedule an appointment or adhere to their office hours at <http://studentlife.syr.edu>.

**Date changes of the above process must be reported immediately. Deviation from the above procedure will result in suspension of an organization's process with notification to the proper national and regional office.**

**SYRACUSE UNIVERSITY**  
**OFFICE OF FRATERNITY  
 AND SORORITY AFFAIRS**  
**Membership Intake Request Form**

This form must be submitted no less than ten (10) days prior to your first informational/ interest meeting or all activities will be postponed until further notice.

Organization Name: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

President Name: \_\_\_\_\_

**Member Coordinating Membership Intake**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Submission of Required Forms** (check if submitted)

FASA Consent Form (with signatures of all active members)

Officer/Advisor List Updated

Roster Updated

**Calendar of Events**

Date of Interest Meeting/Informational: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Interest Meeting/Information: \_\_\_\_\_

Intake Events: **(All meetings** pertaining to membership intake must be listed). Attach additional paper.

Name of Event	Date	Location
Name of Event	Date	Location
Name of Event	Date	Location
Name of Event	Date	Location
Name of Event	Date	Location

**Initiation**

Date of Initiation: \_\_\_\_\_

Location of Initiation: \_\_\_\_\_

**New Member Presentation**

Date of Probate: \_\_\_\_\_ Time of Probate: \_\_\_\_\_

Location of Probate: \_\_\_\_\_

By completing this form, I understand that I am stating on behalf of my organization that the above information is true, to the best of my knowledge. I also recognize that should any changes take place in the scheduling of events, I will report these changes to my FASA Advisor, in the Office of Fraternity and Sorority Affairs. I also understand that all submitted information will remain confidential.

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

\_\_\_\_\_ Date of Submission

\_\_\_\_\_ Intake Request Denied

\_\_\_\_\_ Intake Request Accepted

\_\_\_\_\_ Copy Sent to Chapter/Graduate Advisor

**SYRACUSE UNIVERSITY**  
**STUDENT ORGANIZATION HAZING COMPLIANCE FORM**  
**Revised Fall 2009**

We, the undersigned, hereby represent and certify that all activities sponsored, suggested, advanced, or required by our organization or members or prospective members comply with the Syracuse University Hazing Policy and applicable excerpts from the New York State Law on Hazing printed and set forth on the back of this sheet.

We have informed the present members and prospective members of our organization of the contents and application of the SU Hazing Policy. This policy will be read to our members and the prospective members on a semesterly basis and member signatures will be obtained for verification.

We acknowledge and understand that any failure to uphold the SU Hazing Policy may /will result in referral to The Office of Fraternity and Sorority Affairs for an organizational violation of the SU Hazing Policy (meaning the organization will face charges), and/or referral to the Office of Judicial Affairs for any individual violation of the SU Hazing Policy (meaning that individuals within the organization who haze shall face charges).

We acknowledge and understand that any participation in any hazing activity of any nature or form or knowledge of same and taking no action to stop or prevent the hazing is in effect giving your approval to haze. The failure to report any such activity may result in personal referral to the Office of Fraternity and Sorority Affairs and/or the Office of Judicial Affairs.

We acknowledge and understand that the failure of our organization to uphold this policy, in whole or part, may result in our personal referral to Office of Fraternity and Sorority Affairs and/or the Office of Judicial Affairs if we had prior knowledge of the hazing violation and did not take necessary steps to stop or prevent the hazing from occurring (meaning that participation in a hazing activity or knowledge of it and taking no action to stop or prevent the hazing is a violation of the SU Hazing Policy).

We acknowledge and understand that our failure to sign this document of understanding and agreement may subject the organization to immediate suspension of all membership activities.

Our signature below will certify that we (and our organization) have read, and agree to abide by the SU Hazing Policy and applicable New York State Law. The effective term of this agreement shall be for one semester from the date signed by the president, new member educator, and Chapter/Graduate Advisor. All members and new members will sign the attached signature form in acknowledgement of having read or been informed of this policy. The original signed agreement shall be filed with the Office of Fraternity and Sorority Affairs.

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Chapter Name**

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Chapter/Graduate/Alumni Advisor**

\_\_\_\_\_  
**New Member Educator**

\_\_\_\_\_  
**Date Signed**

cc: **Faculty Advisor**  
**International / National Headquarters**  
**Chapter/Graduate/Alumni Advisor**

## **SYRACUSE UNIVERSITY HAZING POLICY**

The Office of Fraternity and Sorority Affairs does not support or condone any type of hazing activities from any fraternity or sorority. The University Policy on Hazing says the following:

*Syracuse University defines hazing to include any action that intentionally or recklessly causes or poses a substantial risk of harm to the mental or physical health or safety of one or more persons . Subjecting any person to and/or encouraging any person to commit an act that violates human dignity, the Code of Student Conduct, or the law for the purpose of initiating, promoting, fostering, or confirming any form of affiliation with a group or organization is prohibited. The express or implied consent of participants or victims will not be a defense.*

*Examples of hazing include, but are not limited to: forced consumption of alcohol or other substances, sleep deprivation, threats of harm, actual physical harm (e.g., paddling, beating, branding), performing any service or action under coercion or duress.*

### **NEW YORK STATE LAW**

Definitions (as of May 21, 2002): Hazing is punishable under New York State Law as follows:

*New York Penal Law 120.16; Hazing in the First Degree: A person is guilty of hazing in the first degree when, in the course of another person's initiation into or affiliation with any organization, he intentionally or recklessly engages in conduct which creates a substantial risk of physical injury to such other person or a third person and thereby causes injury. Hazing in the First Degree is a class A misdemeanor.*

*New York Penal Law 120.17; Hazing in the Second Degree: A person is guilty of hazing in the second degree when, in the course of another person's initiation or affiliation with any organization, he intentionally or recklessly engages in conduct, which creates a substantial risk of physical injury to such other person or a third person. Hazing in the second degree is a violation.*

In addition, Syracuse University defines hazing to include any action that intentionally or recklessly causes or poses a substantial risk of harm to the mental or physical health or safety of one or more persons. Subjecting any person to and/or encouraging any person to commit an act that violates human dignity, the Code of Student Conduct, or the law for the purpose of initiating, promoting, fostering, or confirming any form of affiliation with a group or organization is prohibited. The express or implied consent of participants or victims will not be a defense.



