

**University of Iowa
Multicultural Greek Council
Chapter Advisor Agreement**

As an advisor, I agree to ensure that the Organization will comply with the University of Iowa's Rules and Regulations governing the Intake/Initiation Program:

Note Items listed below:

- Organization will ensure that all forms will be returned to Fraternity and Sorority Life within 48 hours of the informational meeting, interest meeting, or awareness seminar.
- Organizations must complete and submit all forms required per the University of Iowa MGC Intake Guidelines.
- Potential New Members will sign and complete all required documents as stated in the University of Iowa MGC Intake Guidelines and be returned to Fraternity and Sorority Life before they begin the organization's membership program.
- Organizations must adhere to all deadline dates and expectations.
- Organizations must submit all requested documents, information, paperwork, and timelines as outlined in the University of Iowa MGC Intake Guidelines.

Advisor Agreement

I, _____ have agreed and approved all activities associated with the Membership Intake Process for
Advisor

_____. I will be present and/or ensure that a responsible representative will oversee
Organization

all activities associated with their Membership Intake Process for the above stated organization.

Advisor's Signature

Date

University of Iowa
Multicultural Greek Council
Fraternity and Sorority Chapter Hazing Compliance Form

We certify that all activities sponsored or required by our national fraternity/sorority members or pledge/associate members comply with the UI Hazing Policy, and with the State of Iowa.

We have informed the candidate/aspirant member(s) of our fraternity/sorority of the contents of the UI Hazing Policy. This policy will be read to aspirants at the beginning of each semester's intake process.

We understand that failure to uphold the UI Hazing Policy will result in referral to the Dean of Students for an organizational violation of the UI Hazing Policy (i.e., the fraternity/sorority will face charges), and/or referral to the Office of Student Accountability for an individual violation of the UI Hazing Policy (i.e., the individuals within the fraternity/sorority who haze will face charges).

We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. We understand our responsibility to not allow members of our organization, whether grad status or affiliated at another institution of higher education, to haze our aspirants. Failure to report any such activity of which you become aware may cause personal referral to the Dean of Students.

Our signatures below certify that we have read, understand, and agree to abide by the UI Hazing Policy.

Fraternity/Sorority Name

Individual Chapter Name

Printed Name of the Chapter President

Printed Name of the Intake Chair/New Member Educator

Signature of the Chapter President

Signature of the Intake Chair/New Member Educator

____/____/____
Date

____/____/____
Date