

University of Iowa
Multicultural Greek Council
New Member Discontinuation Form

Organization & Chapter Name: _____ Date: _____

Discontinuing Individual's Name: _____ HawkID: _____ University ID#: _____

Please list the reason(s) for discontinuing:

Advisor's Signature

Date

Chapter President's Signature

Date

New Member Educator's Signature

Date

***Note: This form is to be completed by the chapter president/new member educator(s) within 48 hours of a new member's voluntary discontinuation from the new member education process. Please also submit proof of your national organization's approval when submitting this form to Fraternity and Sorority Life.*