

University of Iowa  
National Pan-Hellenic Council  
New Member Discontinuation Form

Organization & Chapter Name: \_\_\_\_\_ Date: \_\_\_\_\_

Discontinuing Individual's Name: \_\_\_\_\_ HawkID: \_\_\_\_\_ University ID#: \_\_\_\_\_

**Please list the reason(s) for discontinuing:**

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\_\_\_\_\_  
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.*