

Greek Organization Colonization Application

Greek Organization Name: _____

Requirements for joining Greek organization:

Age: _____ GPA: _____ Other: _____

Student Contact Name: _____

Student Email: _____ Student Cell Number: _____

How will your Greek organization add to Greek life at NMU?

Additional Comments:

For Greek Council Use Only:

Date petitioning Greek Council: _____

This organization has Greek Council's approval and will be recommended to the Dean of Students.

Yes _____ No _____