



Interfraternity Council

Fraternity Recruitment Registration

Fall 2006

Return this application to be entered into a drawing for a \$200 scholarship to be given out at the IFC Kickoff on September 5 at 7:30 p.m. in the Pegasus Ballroom! You must be present to win!

TYPE or PRINT CLEARLY with black or blue ink. Fill out the requested information as completely as possible.

PLEASE NOTE: You must be a fee paying student enrolled at UCF for the fall semester to be eligible for fraternity recruitment.

Mail or return to: Interfraternity Council, University of Central Florida, Student Union 154,
P.O. Box 160157, Orlando, FL 32816-0157

For more information or individuals that need special accommodations (i.e. hearing, sight, etc.) please contact IFC at:
Phone: 407-823-2072 E-mail: ifc@mail.ucf.edu Website: www.ifc.ucf.edu

Personal Information

UCF PID (required) _____ Date of Birth _____
Last Name _____ First Name _____ Middle Initial _____
Preferred Name _____ Email Address _____
Preferred Address _____
City _____ State _____ Zip _____
Home Phone _____ Local Phone _____

Academic Information

Are you a transfer student? _____ Previous colleges attended _____
High School GPA _____ Overall College GPA _____ College Classification (circle) FR SO JR SR
What is your planned academic major? _____

Involvement Information

Please list 3-5 of your activities, awards/honors, or accomplishments that best describe your character.

Fraternity Information

Have you ever been a pledge of a national collegiate fraternity? _____ If so, which one? _____
On what campus _____ Date pledged _____ Date terminated _____
Do you have any immediate family members in fraternities? Includes father (step), brother (step), uncle, grandfather (step).
Name _____ Relationship _____ Fraternity _____
Name _____ Relationship _____ Fraternity _____
Name _____ Relationship _____ Fraternity _____

Important, please be sure to read the following statement and sign the form below:

I hereby release all of the above information to the Interfraternity Council and all member organizations to be used for recruitment purposes only. I also give permission for the Office of Fraternity and Sorority Life to verify my academic status and any scholastic averages/grades/test scores. If I should pledge, I do agree to allow the Office of Fraternity and Sorority Life to release any of my academic information to my fraternity and the UCF Interfraternity Council as long as I am enrolled at UCF and a member of a fraternity.

Signature _____ Date _____