



Panhellenic Council Sorority Interest Form Fall 2006

Please TYPE or PRINT CLEARLY with black or blue ink. Fill out the information as completely as possible.
PLEASE NOTE: You must be enrolled at UCF for the fall semester to be eligible for sorority membership.

For more information call: (407)-823-2072

RETURN TO: PANHELLENIC COUNCIL, UNIVERSITY OF CENTRAL FLORIDA
STUDENT UNION 154
P.O. BOX 160157, ORLANDO, FL 32816-0157

Personal Information *(Please do not submit any photographs.)*

UCF PID # _____

____ Miss ____ Mrs. Last Name _____ First Name _____ Middle Initial _____

Preferred Name _____ Birth Date _____ Age _____

Parent or Guardian Name _____

Home Phone _____ Home Address _____

City _____ State _____ Zip _____

Email Address _____

Local Phone _____ Local Address _____

City _____ State _____ Zip _____

Academic Information

High School Name _____ City _____ State _____

High School GPA _____ SAT Score _____ ACT Score _____

Are you a transfer student? _____ Previous colleges attended _____

What is your planned academic major _____ Total number of college hours completed _____

Overall College GPA _____ UCF GPA _____ College Classification (circle) FR SO JR SR

Involvement Information *(If additional sheets are attached please be sure your name is printed on the top of each sheet.)*

Activities (High School & College) _____

Community Involvement _____

Honors/Awards/Additional Information _____

Sorority Information

Have you ever been a pledge of a national collegiate sorority? _____ If so, which one? _____

Where _____ Date pledged _____ Date terminated _____

Do you have any immediate family members in sororities? Includes mother (step), sister (step), aunt, grandmother (great).

Name _____ Relationship _____ Sorority _____ Campus _____

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

Signature _____ Date _____

Office Use Only: Date Received