

<b>For Office Use Only</b>
Date Rec'd: _____
By: _____

### INTEREST MEETING SIGN-IN FORM

Organization: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Students who wish to participate in membership intake at the University of Florida must meet the **minimum academic qualifications** of the organization for which they are seeking membership. \_\_\_\_\_ requires that applicants seeking membership have a **minimum cumulative grade point average** of \_\_\_\_\_ on a 4.0 scale. **NOTE: STUDENTS WHO MEET THE MINIMUM ACADEMIC QUALIFICATIONS ARE NOT GUARANTEED MEMBERSHIP INTO THE ORGANIZATION.**

By signing this form, you are affirming you: **(a) have received a copy of the University of Florida's hazing policy, and (b) consent to release non-public information (your current or most recent grade point average) to the organization for which you are seeking membership.**

Printed Name	UFID	Phone	Email Address	Signature	Cum. GPA (office use only)

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