

Phi Beta Sigma Fraternity, Inc.
Chapter Request to Conduct Intake
And Proposed Intake Schedule

_____ REGION _____ CHAPTER

To: BRO: _____, REGIONAL DIRECTOR

Street City State Zip Code

Telephone _____ Fax _____

REQUEST IS HEREBY MADE THAT THE REGIONAL DIRECTOR APPROVE AN INTAKE PROCESS FOR THIS CHAPTER TO BE CONDUCTED BY AN AREA INTAKE CERTIFICATION TEAM (INTAKE TEAM), TO BE APPOINTED BY THE REGIONAL DIRECTOR.

IT IS HEREBY CERTIFIED THAT THIS CHAPTER AND THE LISTED MEMBERS ARE IN GOOD FINANCIAL STANDING, THAT THE COMPLETED FORMS REPORTING THE CURRENT CHAPTER OFFICERS, THE FINANCIAL MEMBERS AND COLLEGIATE CHAPTER ADVISOR HAVE BEEN DULY FILED WITH THE INTERNATIONAL OFFICE AND REGIONAL SECRETARY (SEE OFFICER AND FEE UPDATE FORM AND SUPPORTING DOCUMENTATION ENCLOSED HEREWITH).

THE **PROPOSED INTAKE SCHEDULE**, WHICH INCLUDES: THE DATE, TIME, PLACE AND THE NAMES OF THE BROTHERS (CERTIFIED IN INTAKE) WHO WILL BE PARTICIPATING IN EACH INTAKE ACTIVITY, IS AS FOLLOWS:

I. INFORMATIONAL MEETING:

DATE: _____ TIME: _____ City/College _____

LOCATION/Address (be specific) _____

PARTICIPANTS (Bros. Certified in Intake), including Intake Team:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

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II. INTERVIEWS:

DATE: _____ TIME: _____ City/College _____
LOCATION/Address (be specific) _____
PARTICIPANTS (Bros. Certified in Intake), including Intake Team:
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____

III. EDUCATIONAL DEVELOPMENT AND TESTING:

DAY 1. _____ DAY 2. _____ DAY 3. _____ DAY 4. _____
(Date & Time) (Date & Time) (Date & Time)
City/College _____
LOCATION/Address (be specific) _____
PARTICIPANTS (Bros. Certified in Intake), including Intake Team:
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____

IV. INITIATION:

DATE: _____ TIME: _____ City/College _____
LOCATION/Address (be specific) _____
PARTICIPANTS (Bros. Certified in Intake), including Intake Team:
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____

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IT IS FULLY UNDERSTOOD AND AGREED THAT NO INTAKE ACTIVITY SHALL TAKE PLACE OTHER THAN AT THE TIMES AND PLACES LISTED ABOVE, WITHOUT WRITTEN APPROVAL OF THE REGIONAL DIRECTOR.

IT IS FUTHER UNDERSTOOD THAT THE INTAKE TEAM SHALL CONDUCT THE INTAKE ACTIVITY AND THAT THE COLLEGIATE CHAPTER ADVISOR SHALL BE PRESENT AT EVERY INTAKE ACTIVITY OF THE COLLEGIATE CHAPTER.

IT IS ALSO ACKNOWLEDGED THAT THE ANTI-HAZING AND ANTI-PLEDGING POLICY OF PHI BETA SIGMA HAS BEEN FULLY REVIEWED, EXPLAINED AND UNDERSTOOD BY ALL MEMBERS OF THIS CHAPTER, AND THAT ALL BROTHERS WHO WILL PARTICIPATE IN THE INTAKE PROCESS HAVE SIGNED AN ACKNOWLEDGEMENT AND HOLD-HARMLESS AGREEMENT, THE ORIGINAL OF WHICH IS FORWARDED HEREWITH AND A COPY MAINTAINED FOR THE CHAPTER RECORDS.

DATED: _____

(Chapter President-Print Name)

(Chapter President-Signature)

(Chapter Intake Chairman-Print Name)

(Chapter Intake Chairman-Signature)

(Area Intake Chairman-Print Name)

(Area Intake Chairman-Signature)

(Collegiate Chapter Advisor-Print Name)

(Collegiate Chapter Advisor-Signature)

Chapter President Contact Phone Number _____

Chapter Intake Chairman Contact Phone Number _____

Area Intake Chairman Contact Phone Number _____

Collegiate Chapter Advisor Contact Phone Number _____

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AFTER ABOVE IS SIGNED BY CHAPTER PRESIDENT, COLLEGIATE CHAPTER ADVISOR AND INTAKE CHAIRMAN, **SEND ORIGINAL AND ENCLOSURES TO REGIONAL DIRECTOR**, WITH A COPY TO THE INTERNATIONAL OFFICE. COPIES OF THE SIGNED REQUEST FORM AND ALL THE ENCLOSURES ARE RETAINED BY THE INTAKE CHAIRMAN AND THE CHAPTER.

(**THE FOLLOWING TO BE COMPLETED BY THE REGIONAL DIRECTOR** AND RETURNED TO THE CHAPTER, FORWARDING A COPY TO THE INTERNATIONAL OFFICE AND KEEPING A COPY FOR HIS RECORDS):

APPROVED TO HOLD INFORMATIONAL MEETING ON THE DATE INDICATED ABOVE.

(PLEASE BE REMINDED THAT **AFTER HOLDING THE INFORMATIONAL MEETING, FURTHER APPROVAL BY THE REGIONAL DIRECTOR IS NECESSARY TO CONDUCT INTERVIEWS**, FOLLOWING THE SUBMISSION OF APPLICATION AND REFERENCES, APPLICATION FEES AND ACADEMIC CREDENTIALS, FOR REVIEW BY THE REGIONAL DIRECTOR.)

DATED: _____ SIGNED: _____
Regional Director

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