



Deadline: No registrations will be accepted if postmarked after June 15, 2009.
 A \$30 late fee will be charged if postmarked after June 10, 2009.

FOR OFFICE USE ONLY:
 Date received: _____
 Transcript received: _____
 College hours completed: _____
 Check #: _____

Fall 2009 KU Classification (circle one):

Freshman *Sophomore* *Junior* *Senior* KU ID#: _____
 (If known)

PLEASE PRINT OR WRITE LEGIBLY

Name (last, first, middle): _____

Preferred First Name: _____

Home Address (street number, city, state, zip): _____

Email address _____ T-shirt size _____

Cell Phone Number: _____

Name of Parent(s)/Guardian: _____

Home Phone Number: _____

KU Address: _____

Intended Major: _____

High School Information

High School Attended: _____

GPA: _____ (Please convert GPA to a 4.0 scale if necessary.) Rank in Class: _____

Number in Class: _____ Graduation Date (00-00-00): _____

College Information (if applicable) ONLY INCLUDE IF MORE THAN 20 HOURS OF COLLEGE CREDIT

College(s) Attended: _____

City and State: _____

Number of hours completed by 8/2009: _____ College GPA: _____

College Grading Scale: _____

Medical Conditions: _____

Is there any documented disability of which you would like the fraternities to be aware?

If yes, please describe: _____

Legacy Information

Was your father, grandfather, brother or uncle in a fraternity? If yes, please list relation and fraternity (Example: Father – Alpha Alpha Alpha; Brother – Beta Beta Beta, etc.): _____

Activities and Honors

Please list organizations, special talents, honors and activities, etc. Limit your response to the space provided:

I have enclosed my registration fee payable to KU IFC. No cash please. **\$150** (\$30 late fee, if applicable)

I have enclosed my official high school or college transcript with school seal or stamp embossment.

\$ _____ Total

I hereby verify that the above information is true to the best of my knowledge. Furthermore, I offer this document as a signed release statement for my grade point average and other information to be released to all IFC member fraternities to be used exclusively for membership selection purposes.

Signature: _____

MAIL TO:
IFC • 1301 Jayhawk Blvd. • Room 424 Kansas Union •
Lawrence, KS 66045