TEXAS STATE FRATERNITY & SORORITY LIFE				
Roster Deletion FormLBJ Student Center 4-14.1512.245.5646www.fsl.dos.txstate.edu				
This form should be used to <u><b>REMOVE</b></u> an active member or new/associate member from your chapter roster any time during the year.				
<i>Please Print</i> Member Name:			as State Net ID:	
L Phone Number: Fraternity/Sorority:	Last	First Stu	dent ID# (optional):	
Please check one:				
□ Graduation (Member already graduated)				
□ Inactive/Suspended				
Membership Resigned (Active or New Member)				
☐ Membership Revoked (Active or New Member)				
└ Transfer				
Effective date:				
Removal reason (Ex: grades, financial, personal, etc.):				
Attention Students: You <b>MUST</b> have the appropriate signatures in order for the changes to take place on your roster.				
Chapter President Sign Please note: a copy of		<b>Chapter A</b> <i>ided upon request to headqua</i>	dvisor Signature	Date cord keeping.
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