

## **Roster Deletion Form**

LBJ Student Center 4-14.1

512.245.5646

www.fsl.dos.txstate.edu

This form should be used to  $\underline{REMOVE}$  an active member or new/associate member from your chapter roster any time during the year.

Please Print					
Member			Texas State Net II	D:	
D1 N	Last	First		1)	
Phone Number:		Student ID# (opti	ional):		
Fraternity/Sorority:					
Please check one:					
	Alumni				
	Graduation (Member	already gradu	aated)		
☐ 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 MUST have the appropriate signatures in order for the changes to take place on your roster.					
Chapter	President Signature	Date	Chapter Advisor Signatur	re Date	
Please note: a copy of this form will be provided upon request to headquarters to maintain proper record keeping.					