



WESTMINSTER COLLEGE

Office of Residential and Greek Life

573-592-5242

Affiliate Transfer Document

The purpose of this document is to give advanced notice and rational to all concerned parties in the event that an affiliate desires to change his standing from one chapter to another. Special considerations:

- ◇ Affiliate switches subsequent to November 15 will affect grades of the chapter with whom the affiliate was with prior to November 15.
- ◇ The deadline for an affiliate switching chapters is December 1. Switching of chapter post December 1 is prohibited.
- ◇ All signatures on this form must be completed prior to the affiliate transfer being complete

I (name) _____ hereby desire to transfer my Affiliateship from
(chapter) _____ to (chapter) _____ on this date _____.

By signing this document I acknowledge that I've spoken to the chapter president of my original affiliation and the chapter president of the Greek organization that I wish to join. Please list rationale for the transfer on the opposite side of this document.

Affiliate signature: _____ Date: _____

Original affiliate chapter _____ Dates of Affiliateship: _____
Presidents Signature _____ Printed Name _____

Desired affiliate chapter _____ Date _____
Presidents Signature _____ Printed Name _____

Confirmation of the Director of Residential and Greek Life (note: transfer is not finalized until this signature is obtained)

Signature: _____ Date _____