

University of Louisiana at Lafayette
Interfraternity Council Rush 2008
Tuesday September 2 – Friday September 5

Return completed form to: University of Louisiana at Lafayette
Office of Greek Affairs
Room 223 Martin Hall
P O Box 43970
Lafayette, LA 70504

Visit our website at: www.louisiana.edu/student/greek/

A \$15 registration fee made payable to Interfraternity Council must be included with application

Name _____
Last First Middle

Permanent Mailing Address _____
Number Street Apt. #

City State Zip

Local Address _____

Phone # (home) _____ (cell) _____ (dorm) _____

E-mail Address _____

SS# _____ - _____ - _____ Date of Birth _____
Month Day Year

High School Attended _____, _____
Name of School City St.

Graduation Date ____/____/____ Cumulative Grade Point Average (4.0 Scale) _____

Fall 2008 Semester Status: (circle one) FR SO JR SR College(s) attended: (List all) _____

Cumulative College GPA (4.0 Scale) _____ Credit Hours Earned _____

Name of Parent(s) _____ Phone # _____

List names of relatives with Greek Affiliation, the relation to you and their Greek affiliation

Please list activities, honors and interests _____

I do hereby certify that the information on this application is accurate to the best of my knowledge. I also give permission for the Office of Greek Affairs to verify my grades with the U L-Lafayette Admissions Office. I further understand that if I fail to meet the minimum requirements I will not be allowed to participate in Rush.

Signature

Date