

## Fraternity and Sorority Recruitment Interest Form

*Please Print...*

Name: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

I am a Resident Student \_\_\_\_\_ Commuter Student \_\_\_\_\_

*If different from home address....*

School Address: \_\_\_\_\_  
\_\_\_\_\_

School Phone: \_\_\_\_\_

*Please check all that apply...*

Class Standing

\_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore  
\_\_\_\_\_ Junior      \_\_\_\_\_ Senior  
\_\_\_\_\_ Transfer Student

I would like my name submitted to:

\_\_\_\_\_ Fraternities    \_\_\_\_\_ Sororities    \_\_\_\_\_ Greek Life Advisor

For more information contact:

Maribeth Johnson

Associate Director of Greek Life & Wellness Programs

(973) 596-5641

**Please drop this form off at the information desk in the Campus Center**