

# THETA CHI FRATERNITY

## Nomination Form for Alumnus Initiate

Chapter/Commission submitting nomination: \_\_\_\_\_

College/University: \_\_\_\_\_

Nominee's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street, City, State, Zip)

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_

College/University Attended: \_\_\_\_\_ Yr of Graduation: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Business/Profession: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Membership in organizations and clubs: \_\_\_\_\_

Has he ever pledged or been initiated into another college fraternity? Yes \_\_\_ No \_\_\_

Please describe current and future involvement of the nominee with the chapter/commission:  
(Attach at least a half page letter to the form citing the reasons for your nomination.)

Has he been elected unanimously by the chapter/commission? Yes \_\_\_ No \_\_\_ Date of Meeting: \_\_\_\_\_

Is the chapter's/commission's request to make the proposed an alumnus initiate in compliance with *The Constitution and Bylaws of Theta Chi Fraternity, Inc.* (see next page)? Yes \_\_\_ No \_\_\_

Application approved by (please sign on appropriate line):

Alumnus Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

***All alumnus initiates must be approved by the Chief Executive Officer BEFORE initiation***

Intended date of initiation if approved by the Chief Executive Officer: \_\_\_\_\_

