



Iota Phi Theta

# **PACKET FOR CHARTERING A CHAPTER OF IOTA PHI THETA®**

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Please indicate your school name and desired chapter advisor

School Name	Alumni/ Chapter Advisor <i>Please indicate which one</i>

First Name	Middle Initial	Last Name	Suffix
Address		City	State
Zip Code	Contact Number	Email Address	

Name of University/Local Pan-Hellenic Council or Campus Governing Body	Name and Contact Phone & Email	Date Received Recognition

University/ National Pan-Hellenic Council

**Chartering Fees**

Chartering Fee (\$125.00) Paid/Unpaid	Dues & Assessments (\$425.00) Paid/Unpaid

**P.O. Box Information (Must have a P.O Box address)**

Contact Name	P.O. Box Address	City/State/Zip

We have attached hereto the required Petition.

## Verification Statement

The information in the Application & Petition for Chartering a Chapter of Iota Phi Theta, Fraternity, Inc. is true, correct and complete to the best of our knowledge. I certify I have answered all questions to the best of my ability and we have not withheld any information that would unfavorably impact this application and petition.

I acknowledge that any misrepresentation or omission of fact in this application, or any other materials, may be cause for our rejection.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Your Name: \_\_\_\_\_

What is your title/position for this Charter: \_\_\_\_\_



Iota Phi Theta

# **PETITION FOR UNDERGRADUATE CHAPTER CHARTERING OF IOTA PHI THETA® FRATERNITY, INC.**

## **UNDERGRADUATE INSTITUTION:**

\_\_\_\_\_

We, the brothers mentioned in the Application for Chartering a New Chapter, hereby petition the Grand Polaris of Iota Phi Theta Fraternity, Inc. for a new charter of Iota Phi Theta.

Our Letter of Application is included with this Petition.

We certify that there are a minimum of five (5) financial members, all enrolled as students in good standing at the above-mentioned institution. Their information is listed below: (please hit tab after the last entry for more spaces)

<b>Name of Financial members enrolled</b>	<b>Permanent address</b>	<b>Phone number(s)</b>	<b>Email address(es)</b>

Our approved Alumni Chapter Advisor is:

<b>Name of Alumni Chapter Advisor</b>	<b>Permanent address</b>	<b>Phone number(s)</b>	<b>Email address(es)</b>

Our approved Chapter Advisor is:

<b>Name of Chapter Advisor</b>	<b>Permanent address</b>	<b>Phone number(s)</b>	<b>Email address(es)</b>

We further certify that we have attained or attempted to attain University and recognition by the NPHC governing body or other campus governing body for fraternities and we are specifying our efforts below: (space added below as you type)

--

We further certify that we have paid all of the required fees for seeking a charter.

We further certify that we have been approved by the campus administration to charter on the campus. The name, title and address of the person authorizing is listed below:

<b>Name of Person(s) authorizing</b>	<b>Title(s) of Person(s) authorizing</b>	<b>Phone number(s)</b>	<b>Email address(es)</b>

Brief history of University/College (you may describe here or link to a web page)

We certify that the total enrollment of students at the institutions is:

Number of Total enrollment:

Number of Total of Male Students:

Number of Total of African American Male Students:

We further certify that the institution is a 4-year institution or military equivalent.

Our statement of goals for the academic year following installation:

Current status of University/College Greek life: (Listing of social fraternities and sororities on campus; Average fraternity size on campus; All-men's average, all-fraternity average grade point average):

Please list a brief history of the Chapter including circumstances leading to chartering:

Please state your proposed recruitment activities:

We certify that we have attached a digital group picture to this Petition.

Our comprehensive listing of all members is listed below:

NAME	ADDRESS	PHONE NUMBER(S)	EMAIL ADDRESS(ES)	AGE	CLASS STATUS	MAJOR	OFFICE HELD	HOMETOWN	

Please list your activities with Alumni members:

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Please list the current Officers:

NAME	PHONE NUMBER(S)	EMAIL ADDRESS(ES)

We have attached our letters of recommendations from the Alumni and/or Chapter Advisor and the Regional Polaris.

Signatures:

\_\_\_\_\_  
CHAPTER POLARIS

\_\_\_\_\_  
CHAPTER SECRETARY

DATE: \_\_\_\_\_

Approved:

\_\_\_\_\_  
GRAND POLARIS

DATE: \_\_\_\_\_



Please indicate your school name and desired chapter advisor

Location of Chapter (State)	<i>Please indicate specify coverage area (cities or towns)</i>

First Name	Middle Initial	Last Name	Suffix
Address		City	State
Zip Code	Contact Number	Email Address	

**Local National Pan-Hellenic Chapter**

Local Pan-Hellenic Council or Governing Body	Name and Contact Phone & Email	Date Received Recognition

**Chartering Fees**

Chartering Fee (\$125.00) Paid/Unpaid	Dues & Assessments (\$500.00) Paid/Unpaid

**P.O. Box Information (Must have a P.O Box address)**

Contact Name	P.O. Box Address	City/State/Zip

**We have attached hereto the required Petition.**

### **Verification Statement**

The information in the Application & Petition for Chartering a Chapter of Iota Phi Theta, Fraternity, Inc. is true, correct and complete to the best of our knowledge. I certify I have answered all questions to the best of my ability and we have not withheld any information that would unfavorably impact this application and petition.

I acknowledge that any misrepresentation or omission of fact in this application, or any other materials, may be cause for our rejection.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Your Name: \_\_\_\_\_

What is your title/position for this Charter: \_\_\_\_\_



Iota Phi Theta

# PETITION FOR ALUMNI CHAPTER CHARTERING OF IOTA PHI THETA® FRATERNITY, INC.

## ALUMNI LOCATION:

\_\_\_\_\_

We, the brothers mentioned in the Application for Chartering a New Chapter, hereby petition the Grand Polaris of Iota Phi Theta Fraternity, Inc. for a new charter of Iota Phi Theta.

Our Letter of Application is included with this Petition.

We certify that there are a minimum of five (5) financial members, all enrolled as students in good standing at the above-mentioned institution. Their information is listed below: (please hit tab after the last entry for more spaces)

Name of Financial members enrolled	Permanent address	Phone number(s)	Email address(es)

<b>Name of Chapter Advisor</b>	<b>Permanent address</b>	<b>Phone number(s)</b>	<b>Email address(es)</b>

We further certify that we have attained or attempted to attain University and recognition by the NPHC governing body or other campus governing body for fraternities and we are specifying our efforts below: (space added below as you type)

--

We further certify that we have paid all of the required fees for seeking a charter.

We further certify that we have been approved by the campus administration to charter on the campus. The name, title and address of the person authorizing is listed below:

<b>Name of Person(s) authorizing</b>	<b>Title(s) of Person(s) authorizing</b>	<b>Phone number(s)</b>	<b>Email address(es)</b>

We further certify that all members in the chapter are financial.

Our verified community service goals are:

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Our mailing address is below (P.O. Box only):

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Please list a brief history of the Chapter including circumstances leading to chartering:

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Please state your proposed recruitment activities:

--

We certify that we have attached a digital group picture to this Petition.

Our comprehensive listing of all members is listed below:

NAME	ADDRESS	PHONE NUMBER(S)	EMAIL ADDRESS(ES)	AGE	CLASS STATUS	MAJOR	OFFICE HELD	HOMETOWN	

We have demonstrated the ability to operate and recruit at a chapter level. Please explain:

A description of the geographical area for the chapter is below (please include the demographics of the area and the name, meeting cycle and President of the local alumni National Pan-Hellenic Council:

Please list the current Officers:

NAME	PHONE NUMBER(S)	EMAIL ADDRESS(ES)

We have attached our letters of recommendations from the Alumni and/or Chapter Advisor and the Regional Polaris.

Signatures:

\_\_\_\_\_  
CHAPTER POLARIS

\_\_\_\_\_  
CHAPTER SECRETARY

DATE: \_\_\_\_\_

Approved:

\_\_\_\_\_  
GRAND POLARIS

DATE: \_\_\_\_\_