

GRADUATING MEMBERS

Chapter / Colony _____ Telephone Number _____

University / College _____ winter spring summer Year 19____

FOURTH COUNSELOR'S SIGNATURE : X DATE: _____

It is time to notify the Executive Office of your chapter's graduating seniors, brothers who have transferred to another school, or who have left school. These brothers will be placed on alumni status.

Please provide the home address for each member you list so that he will receive newsletters from your chapter and other Sigma Pi mailings. Return this form to the Executive Office as soon as possible so that your chapter records can be updated.

(PLEASE TYPE OR PRINT)

| NAME ADDRESS | | GRADUATION MONTH / YEAR |
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| _____ _____ City State Zip / Postal Code | _____ | _____ |
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GRADUATING MEMBERS

| | | | GRADUATION MONTH / YEAR |
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