

Academic Review Meeting Form

Chapter Accreditation Plan

Chapter/Council Information:

Council: _____

Name of Council Officer Submitting Form: _____

Title of Council Officer Submitting Form: _____

Email Address: _____

Chapter: _____

Name of Chapter Officer Overseeing Scholarship: _____

Title of Chapter Officer Overseeing Scholarship: _____

Email Address: _____

GPA Requirement to be Considered in Good Standing: _____ 2C27.03

WHENAL ~~10/11/11~~
in (10/11/11)

ANNUAL ~~10/11/11~~

If ~~10/11/11~~ GPA ~~10/11/11~~

When ~~10/11/11~~

10/11/11

File