



**KAPPA ALPHA PSI FRATERNITY, INC.®**  
**UNDEGRADUATE CHAPTER REQUEST TO INITIATE**



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

Fraternity Initiation Date: \_\_\_\_\_

Complete **both** sides of this form and send **original and two (2) copies** to the Province Polemarch with a money order / certified check for Fraternity initiation. Please allow two weeks for processing. Initiation may begin until this form has been approved. **INSTRUCTIONS: TYPE ALL INFORMATION**

**Chapter:** \_\_\_\_\_  
**College:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
(City) (State) (Zip code)

**Chapter Polemarch:** \_\_\_\_\_  
**Polemarch's Phone #:** \_\_\_\_\_  
**Chapter Advisor:** \_\_\_\_\_  
**Advisor's Phone #:** \_\_\_\_\_

**Academic Eligibility:** Per the Constitution & Statutes – The cumulative GPA of a candidate must be at least the equivalent of a 2.3/4.0 or in accordance with the requirements of the school, whichever is higher.  
**INSTRUCTIONS: Complete Information Below In Full. Indicate the type of fraternity pin each is requesting. (Refer to back for more details)**

NAME OF CANDIDATE (Last, First, Middle)	SOCIAL SECURITY #	DATE OF BIRTH (mm-dd-yyyy)	PERMANENT MAILING ADDRESS (Include City, State, Zip)	INTAKE FEE IHQ ONLY	PIN CODE #1,#2, or #3	Class Standing	College/University Use Only	
							Candidate Eligibility	
							YES	NO
1. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	_____	_____	\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Total Enclosed:** \$ \_\_\_\_\_

\_\_\_\_\_  
Chapter Advisor's Signature Date

\_\_\_\_\_  
College/University Official's Signature Title Date School Seal

\_\_\_\_\_  
Province Polemarch's Approval Date

Distribution: PLEASE FORWARD COPIES TO THE FOLLOWING: (International Headquarters); (Province Polemarch); (Chapter)  
**International Headquarters—2322-24 North Broad Street—Philadelphia, PA 19132-4590—(215) 228-7184**