

**ASU Membership Guidelines**  
**ORGANIZATION HAZING COMPLIANCE FORM**

- We have read and understood the Alcorn State University policy on hazing and will not participate in any unscheduled activities that are not approved by the Office of Student Engagement. I will not participate in any off campus events or gatherings sponsored by the organization without prior approval from the campus advisor and the Director of Student Engagement. I understand that if I violate the ASU Hazing Policy, I will be under investigation and may not be allowed to complete my process for membership into the organization and further disciplinary actions through the Recognized Organization Review Board and/or the Office of Student Conduct.
- We certify that all activities sponsored or required by our fraternity/sorority of members or potential/associate members comply with the Alcorn State University Hazing Policy, and with the State of Mississippi Law.
- We have informed the potential members of the contents of the ASU Hazing Policy. This policy will be read to potentials and signed by them to indicate that they have been made aware of and given a copy, at the beginning of each semester's intake process.
- We understand that failure to uphold the ASU Hazing Policy as stated in the ASU Student Handbook will result in referral to the Offices of Student Engagement and Office of Judicial Affairs as an organization or individual violation.
- We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. **We understand our responsibility to not allow members of our organization, whether graduate status or affiliated at another institution of higher education, to haze or meet on or off campus with our potentials candidates.** Failure to report any such activity of which you become aware may cause personal referral to the Registered Organizations Review Board (RORB).

Our signatures below certify that we have read, understand, and agree to abide by the ASU Hazing Policy.

_____	_____
Fraternity/Sorority Name Individual Chapter Designation	Date
_____	_____
Signature of the President	Date
_____	_____
Signature of the Intake Chair	Date
_____	_____
Signature of the Campus Advisor	Date
_____	_____
Signature of the Off-Campus Advisor	Date

**ASU Prospective Members Hazing Compliance Form**  
*(To be completed by each individual prospective member chosen for intake)*

I \_\_\_\_\_ have read and understood the Alcorn State University policy on hazing and will not participate in any unscheduled activities that are not approved by the Office of Student Engagement. I will not participate in any off campus events or gatherings sponsored by the organization without prior approval from the campus advisor and the Director of Student Engagement. I understand that if I violate the ASU Hazing Policy, I will be under investigation and may not be allowed to complete my process for membership into the organization and further disciplinary actions through the Office of Student Conduct.

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New Initiate/Member Print Name

Date

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New Initiate/Member Signature

Date

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Signature of the Chapter President

Date

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Signature of the Campus Advisor

Date

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Signature of the Off-Campus Advisor

Date