

Email this completed form along with the \$10 Reinstatement Fee to d.jarvis@sigeo.net. You can pay the fee at <http://sigeo.org/payonline/>.

Chapter: _____ College/University: _____

SIGMA PHI EPSILON REINSTATEMENT FORM

Individuals may request reinstatement in accordance with the Grand Chapter Bylaws, the Administrative Policies and Procedures, and the bylaws of the undergraduate chapter. Members expelled for any reason other than indebtedness may not request reinstatement until after six months from the date of expulsion. All petitions for reinstatement shall be accompanied by the proper documentation and fees.

Brother requesting reinstatement:

Full Name: _____

Address: _____

City, State, Zip: _____

Date Joined: _____

Chapter Roll Number: _____

\$10 Reinstatement Fee* (to be paid to Sigma Phi Epsilon Headquarters)

*In addition to the amount of his indebtedness, a member expelled for financial reasons must submit to the undergraduate chapter, a reinstatement fee of \$50 or 25% of the amount of the indebtedness, whichever is greater, none of which shall be refunded if the petition is denied.

CERTIFICATION *We certify that the above-named brother has applied for reinstatement in accordance with the Grand Chapter Bylaws, the Administrative Policies and Procedures, and our undergraduate chapter bylaws. This brother has met all financial obligations and is in good standing with the undergraduate chapter.*

Chapter President/Date:

Vice President of Finance/ Date: