



DIVISION OF STUDENT AFFAIRS
OFFICE OF FRATERNITY AND SORORITY AFFAIRS

**CHAPTER DEVELOPMENT PLAN
2010**

INSTRUCTIONS: Complete All Sections Of The Chapter Development Plan. Attach Official Documents Where Indicated. Questions May Not Be Left Blank. Incomplete Chapter Development Plans Will Be Returned For Completion. Forms that are not typed will be returned for completion.

Instructions For Using Blue Box:
Place Cursor Over Blue Box, Click Your Mouse. Simply Type Your Response In The Blue Box.

ORGANIZATION IDENTIFICATION INFORMATION

Full Name of Organization: _____

Chapter Designation: _____

Chapter Website Address: _____

Required GPA for Membership: _____

Chapter Nickname(s): _____

Chapter House Address: _____

Chapter House Telephone Number: _____

****Please attach a semester calendar of events.****

Chapter Officers: Provide Name, Phone Number, and Email Address

	NAME	PHONE	EMAIL
Chapter President:	_____	_____	_____
Recruitment/Intake Chair:	_____	_____	_____
Social Chair:	_____	_____	_____
Risk Management Chair:	_____	_____	_____

CHAPTER FISCAL MANAGEMENT

Dues and Fees: (Complete Live in/Live Out if applicable)

- 1) Chapter Dues Per Semester: _____ Live in: _____ Live out: _____
- 2) Chapter Social Dues Per Semester: _____
- 3) First/New Member Semester Fees: _____ Live in: _____ Live out: _____
- 4) Each Following Semester: _____ Live in: _____ Live out: _____
- 5) Chapter House Room Rental Fee For Single Room Per Semester: _____
- 6) Chapter House Room Rental Fee For Double Room Per Semester: _____
- 7) Meal Plan Requirement: Live In: Yes No Live out: Yes No

Please explain meal plan requirement or option for members who do not live in the chapter house.

- 8) Chapter Meal Plan Fee Per Semester: Live in: _____ Live out: _____
- 9) List Any Other Fees Members Are Charged Per Semester: _____

- 10) Possible Chapter Scholarship(s): _____

ACADEMIC RELEASE AND COMPLIANCE STATEMENT

Attach The Completed And Signed Academic Release and Policy Compliance Statements To This Document For Any Member Who Has Not Signed The Forms. Please read aloud the University/Fraternity and Sorority Affairs Hazing statement at the first chapter meeting and have each member sign. This is to be turned into the Chapter Operations Manual.

CHAPTER HOUSE MANAGEMENT

1) Is there a live in requirement? Yes No How long? _____

Please explain.

2) Number Of Beds In Your Chapter House: _____

2) Number of Single Occupancy Rooms In Your Chapter House: _____

3) Number Of Double Occupancy Rooms In Your Chapter House: _____

4) Number Of Triple Occupancy Rooms In Your Chapter House: _____

5) Number Of Quadruple Occupancy Rooms In Your Chapter House: _____

You must also complete the Chapter House Resident Form.

6) In The Space Provided Below, Describe Your Chapters Occupancy Requirement For Seniors:

6) In The Space Provided Below, Describe Your Chapters Occupancy Requirement For Juniors:

8) In The Space Provided Below, Describe Your Chapters Occupancy Requirement For Sophomores:

9) Does Your Chapter House Offer One-Semester Lease Agreements For Your Members Who Are Planning To Go Abroad During The Spring Semester:

Yes

No

If, Yes, Please Explain, In The Space Below, Why You Offer One-Semester Leases:

10) Does Your Chapter Require Chapter House Residents To Sign Room And/Or Board Agreements Each Year And/Or Semester?

Yes

No

If Yes, Please Attach A Copy Of Your Chapter House Lease Agreement To This Document.

If No, Please Explain Why Does Your Chapter Not Use Room and Board Lease Agreements? Please Provide Your Response In The Space Provided Below:

11) When Was Your Chapter House Last Inspected By The Fire Department For Safety?

Date: _____ During this inspection, were any violations identified? Yes No

If yes, describe the violations in detail: _____

Attach A Copy Of The Semester Fire Department's Report To This Document Regardless Of Whether Or Not Your Chapter House Had Violations.

12) When Was Your Chapter House Last Inspected By The City Of Syracuse Division Of Code Enforcement?

Date: _____

During this inspection, were any violations identified? Yes No

If yes, describe the violations: _____

Attach A Copy Of The Most Current Division Of Code Enforcement Report To This Document Regardless Of Whether Or Not Your Chapter House Had Violations.

CHAPTER MANAGEMENT

Member Accountability Program

Does Your Chapter Have A Member Accountability Or Standards Board Program? Yes No

If Yes, Attach A Copy Of Your Chapters Member Accountability, Judicial, Or Standards Board Program To This Document.

If No, Please Explain In The Space Provided Why Your Chapter Does Not Have This Kind Of Program:

CHAPTER DEVELOPMENT PLAN PREPARED AND SUBMITTED BY:

Chapter President (Print Name): _____

Date: _____

ATTACHED DOCUMENTS:

Academic Release and Policy Compliance Statements (blue forms)

Chapter House Lease Agreement

Fire Department Report From Current Semester

Latest Code Enforcement Report

Member Accountability Program

Hazing Statement with Signatures

Current Chapter Roster (Full Names, Student ID Numbers, Print and attach roster from ICS)

Semester Calendar

Chapter Officer Contact Form

Chapter House Resident Form

Chapter Advisor Contact Form

Constitution By-Laws

Insurance Forms



CHAPTER MEMBER ACADEMIC RELEASE AUTHORIZATION AND POLICY COMPLIANCE AGREEMENT

The Family Education Rights and Privacy Act of 1974 prohibits the release of personally identifiable information from the students' education records without their prior written authorization. Exceptions to this policy are limited to: 1) release of such information to a specific list of officials with a legitimate educational interest in the record, 2) the release of such information in response to a court order, health or safety emergency, or approved research project, or 3) the release of public directory information which has not been previously restricted by the student.

Fraternity/Sorority: _____
Name (last, first, middle): _____
Date of Birth: _____ Student ID #: _____
Date Affiliated/Pledged: _____ Circle One: New Member Active Transfer

ACADEMIC GRADE RELEASE AUTHORIZATION

I have accepted membership in the organization mentioned above and hereby consent to the release of the following information to the indicated offices:

Records to be Disclosed: Semester grade point average and cumulative grade point average and any other records as authorized to the Office of Student Life.

Parties to Whom the Records May be Disclosed: Office of Fraternity and Sorority Affairs.

Purpose of Disclosure: For use in awards recognition, and verification of minimum academic standards.

Length of Disclosure: This authorization shall remain in effect as long as I remain a member of the organization and I am enrolled at Syracuse University, unless I submit a written revocation of this authorization to the Office of Fraternity and Sorority Affairs.

Initial: _____

CHAPTER POLICY COMPLIANCE AGREEMENT

I agree to the following as long as I am a member of my fraternity or sorority (initial each statement):

____ 1. to meet all of my financial obligations by paying all dues, chapter fees, chapter house rent, meal plan fees, and all other fees on time as directed by the chapter and/or alumni/ae corporation.

____ 2. to represent my fraternity or sorority in a positive manner at all times by not engaging in inappropriate activities on or off campus that are in violation or contrary to the policies, procedures, codes and/or expectations established by my inter/national organization.

____ 3. to agree to live in my chapter house, when required, in order to keep the facility solvent, and to follow all established policies and procedures that govern chapter house living at all times.

____ 4. to follow directions, decisions, policies, procedures, etc. established by the elected officers of my chapter at all times.

STATEMENT OF RELATIONSHIP

I have read and fully understand the Statement of Relationship which is a written agreement between Syracuse University and all recognized fraternity and sorority members. Any violation of this agreement may result in deactivation of a chapter or individual members from the Syracuse University fraternity and sorority system.

Initial: _____

STATEMENT OF NON-DISCRIMINATION

I agree to the following Syracuse University Statement of Non-Discrimination as long as I am a member of my fraternity or sorority:

I agree not to discriminate on the basis of race, creed, color, gender, national origin, religion, marital status, age, disability, sexual orientation, or status as a disabled veteran or a veteran of the Vietnam era to any extent discrimination is prohibited by law. This nondiscrimination policy covers admissions, employment, and access to and treatment of fraternity and sorority programs, services and activities.

Initial: _____

CODE OF STUDENT CONDUCT COMPLIANCE STATEMENT

I agree to the following Code of Student Conduct statement as long as I am a member of my fraternity or sorority:

I agree to abide by the Syracuse University Code of Student Conduct. More specifically, I agree to abide by the Syracuse University Policy on alcohol, other drugs and tobacco. The policy can be found on page 88 of the current Student Handbook.

Initial: _____

CONFIRMATION:

Print Name: _____ Date: _____

Signature: _____



Fraternity and Sorority Chapter Officer Contact Information

Office of Fraternity and Sorority Affairs

This form must be completed and submitted electronically and also printed and placed in your Chapter Operations Manual. If your organization has more than one person in a position, please list the additional person in the "other" row. **PLEASE DO NOT LEAVE ANY SECTION BLANK!!**

Today's Date:

Semester:

Full Name of Organization (do not abbreviate):

Chapter Designation (do not abbreviate):

Position	First Name	Last Name	SUID #	E-mail Address	Cell Phone #
President					
Vice President					
Membership Chair					
New Member Educator					
GAMMA/ Chair					
GAME Chair					
Council Delegate					
Philanthropy Chair					
Comm. Service Chair					
Risk Management Chair					
Social Chair					
Scholarship Chair					
Historian					
Standards/Judicial Chair					
Secretary					
Treasurer / Finance					
House Manager					
Other:					
Other:					

SYRACUSE UNIVERSITY
FRATERNITY OR SORORITY UNIVERSITY ADVISOR
UNIVERSITY ADVISOR AGREEMENT

Name of Organization: _____

Each fraternity and sorority shall have at least one University Advisor who must be a full-time member of the college's faculty and staff selected by the organization membership. The University Advisor will serve a one-year term with possible extension based on mutual agreement between the advisor and the chapter.

Responsibilities of a University Advisor:

- Meet with the new members at the beginning of each new member period.
- Meet individually with each executive board officer and the chapter advisor (if applicable) once per semester. It is recommended that these meetings be scheduled early in the fall and spring semester.
- Meet individually with members who are having academic difficulty.
- Read correspondence sent from the Office of Fraternity and Sorority Affairs (FASA) and the Inter/National Headquarters. Share with chapter, as appropriate.
- Watch for chapter patterns that appear in FASA Reports on scholastic achievement, service hours completed and membership numbers and be prepared to address these issues, both positive and negative, with chapter leadership.
- Be available to meet confidentially with members upon request.
- Upon appointment as an advisor, meet with the chapter officers to establish mutual understanding and expectations.
- Be available to attend chapter meetings and events upon request
- Be knowledgeable about areas affecting fraternities/sororities: recruitment, new member education, expansion, public relations and image, scholarship, service, risk management, etc.
- Contact FASA if unsure of how to handle a situation.
- Contact FASA if the chapter could benefit from special guidance or programming.
- Meet with inter/national visitors, as appropriate.
- Meet with chapter alumni advisors, if applicable and appropriate.

I understand and agree to perform the role of advisor to the above-listed organization and as specified in the above expectations for the academic year of 20____ - 20____.

Name: _____

Phone: _____

Campus Address: _____

Email: _____

Signature: _____

Date: _____

Chapter Officer Confirmation

Name: _____

Phone: _____

Position: _____

Email: _____

Signature: _____

Date: _____

**SYRACUSE UNIVERSITY
FRATERNITY AND SORORITY UNIVERSITY ADVISOR
CHAPTER AGREEMENT**

Each fraternity and sorority shall have at least one University Advisor who must be a full-time member of the college's faculty and staff selected by the organization membership. The University Advisor will serve a one-year term with possible extension based on mutual agreement between the advisor and the chapter.

Responsibilities of Chapter Members in Relation to Their University Advisor:

- The New Member Educator must schedule meetings between new members and University Advisor. Meeting should occur within the first two weeks of the beginning of the new member program, but must occur at least one week prior to initiation.
- A chapter officer must schedule one meeting between each executive board officer and the chapter advisor (if applicable) once per semester. It is recommended that these meetings be scheduled early in the fall and spring semester.
- The Scholarship Officer/Chairperson must provide a list of members who need to meet for academic advisement with advisor. Contact information must also be provided.
- Chapter officers must meet as a group with the university Advisor once per month.
- A chapter officer should schedule a meeting between the advisor and national visitors/consultants when they are on campus.
- If the chapter has an alumni advisor, a chapter officer should schedule a meeting between the two advisors at least once per semester.
- Provide advisor with copies of monthly/semester calendars, chapter meeting minutes and goals, as appropriate.
- Invite the university advisor to chapter functions and celebrations, officer transition and other sisterhood events.
- Don't just go to your advisor when you have a problem. Make an effort to tell them the great things you are doing!

I understand and agree to support the role of advisor as specified in the chapter expectations listed above and the University Advisor expectations on the reverse side. I further understand that this process must be completed annually and the relationship between this University Advisor and the chapter will only continue upon mutual agreement.

Name: _____

Phone: _____

Campus Address: _____

Email: _____

Signature: _____

Date: _____

University Advisor Confirmation

Name: _____

Phone: _____

Position: _____

Email: _____

Signature: _____

Date: _____

Please Ensure That The Reverse Side Of Form Is Completed And Return To The Office Of Fraternity and Sorority Affairs, 126 Schine Student Center No Later Than The End Of The Second Week Of Classes.

SYRACUSE UNIVERSITY
STUDENT ORGANIZATION HAZING COMPLIANCE FORM
Revised Fall 2009

We, the undersigned, hereby represent and certify that all activities sponsored, suggested, advanced, or required by our organization or members or prospective members comply with the Syracuse University Hazing Policy and applicable excerpts from the New York State Law on Hazing printed and set forth on the back of this sheet.

We have informed the present members and prospective members of our organization of the contents and application of the SU Hazing Policy. This policy will be read to our members and the prospective members on a semesterly basis and member signatures will be obtained for verification.

We acknowledge and understand that any failure to uphold the SU Hazing Policy may /will result in referral to The Office of Fraternity and Sorority Affairs for an organizational violation of the SU Hazing Policy (meaning the organization will face charges), and/or referral to the Office of Judicial Affairs for any individual violation of the SU Hazing Policy (meaning that individuals within the organization who haze shall face charges).

We acknowledge and understand that any participation in any hazing activity of any nature or form or knowledge of same and taking no action to stop or prevent the hazing is in effect giving your approval to haze. The failure to report any such activity may result in personal referral to the Office of Fraternity and Sorority Affairs and/or the Office of Judicial Affairs.

We acknowledge and understand that the failure of our organization to uphold this policy, in whole or part, may result in our personal referral to Office of Fraternity and Sorority affairs and/or the Office of Judicial Affairs if we had prior knowledge of the hazing violation and did not take necessary steps to stop or prevent the hazing from occurring (meaning that participation in a hazing activity or knowledge of it and taking no action to stop or prevent the hazing is a violation of the SU Hazing Policy).

We acknowledge and understand that our failure to sign this document of understanding and agreement may subject the organization to immediate suspension of all membership activities.

Our signature below will certify that we (and our organization) have read, and agree to abide by the SU Hazing Policy and applicable New York State Law. The effective term of this agreement shall be for one semester from the date signed by the president, new member educator, and Chapter/Graduate Advisor. All members and new members will sign the attached signature form in acknowledgement of having read or been informed of this policy. The original signed agreement shall be filed with the Office of Fraternity and Sorority Affairs.

Organization

Chapter Name

President

Chapter/Graduate/Alumni Advisor

New Member Educator

Date Signed

**cc: Faculty Advisor
International / National Headquarters
Chapter/Graduate/Alumni Advisor**

SYRACUSE UNIVERSITY HAZING POLICY

The Office of Fraternity and Sorority Affairs does not support or condone any type of hazing activities from any fraternity or sorority. The University Policy on Hazing says the following:

Syracuse University defines hazing to include any action that intentionally or recklessly causes or poses a substantial risk of harm to the mental or physical health or safety of one or more persons. Subjecting any person to and/or encouraging any person to commit an act that violates human dignity, the Code of Student Conduct, or the law for the purpose of initiating, promoting, fostering, or confirming any form of affiliation with a group or organization is prohibited. The express or implied consent of participants or victims will not be a defense.

Examples of hazing include, but are not limited to: forced consumption of alcohol or other substances, sleep deprivation, threats of harm, actual physical harm (e.g., paddling, beating, branding), performing any service or action under coercion or duress.

NEW YORK STATE LAW

Definitions (as of May 21, 2002): Hazing is punishable under New York State Law as follows:

New York Penal Law 120.16; Hazing in the First Degree: *A person is guilty of hazing in the first degree when, in the course of another person's initiation into or affiliation with any organization, he intentionally or recklessly engages in conduct which creates a substantial risk of physical injury to such other person or a third person and thereby causes injury. Hazing in the First Degree is a class A misdemeanor.*

New York Penal Law 120.17; Hazing in the Second Degree: *A person is guilty of hazing in the second degree when, in the course of another person's initiation or affiliation with any organization, he intentionally or recklessly engages in conduct, which creates a substantial risk of physical injury to such other person or a third person. Hazing in the second degree is a violation.*

In addition, Syracuse University defines hazing to include any action that intentionally or recklessly causes or poses a substantial risk of harm to the mental or physical health or safety of one or more persons. Subjecting any person to and/or encouraging any person to commit an act that violates human dignity, the Code of Student Conduct, or the law for the purpose of initiating, promoting, fostering, or confirming any form of affiliation with a group or organization is prohibited. The express or implied consent of participants or victims will not be a defense.



Fraternity and Sorority Roster Information Update

Office of Fraternity and Sorority Affairs

Sorority/Fraternity: _____ Completed by: _____

Office: _____ Phone: _____ For Semester/Year: _____ Date: _____

Do not list all chapter members. Refer to your printed roster or grade report for who is currently listed.

This form is not accepted without student numbers. Also, new members or returning members must have a grade release (or bid card) on file with the Office of Fraternity and Sorority Affairs to be added to your roster

Full Name (Alphabetical Order)	Student Number	Status on current SU Roster (Member or New Member)	Update Membership Status Indicate one of the following: Initiated Member, Graduated, Inactive*, Resigned Membership or Expelled from organizational membership
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Full Name (Alphabetical Order)	Student Number	Status on current SU Roster (Member or New Member)	Update Membership Status Indicate one of the following: Initiated Member, Graduated, Inactive*, Resigned Membership or Expelled from organizational membership
16.			
17.			
18.			
19.			
20.			
21.			
22.			
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25.			
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