

Greek Life New Member Education Grade Check



Name: _____
 Major: _____ Minor: _____
 Greek Organization: _____



Class (Course # and title):	Total Missed Classes:	Course Standing (Please circle the one that most applies)	Professor's Name & Signature:	Comments:
		Excellent-Good-Average-Risk of Failure	Name: _____ Signature: _____	
		Excellent-Good-Average-Risk of Failure	Name: _____ Signature: _____	
		Excellent-Good-Average-Risk of Failure	Name: _____ Signature: _____	
		Excellent-Good-Average-Risk of Failure	Name: _____ Signature: _____	
		Excellent-Good-Average-Risk of Failure	Name: _____ Signature: _____	
		Excellent-Good-Average-Risk of Failure	Name: _____ Signature: _____	

For any information regarding this form, please contact Student Development and Campus Activities (PLV) at 914-773-3767,
 attn: Robert-Thomas Jones, rjones@pace.edu