

Semester	Year

OMEGA PSI PHI FRATERNITY, INC.
 Verification of Grade Point Averages
 Of Current Undergraduate Members

GPA FORM
 Revised 05/2019
PREVIOUS EDITIONS
ARE OBSOLETE

_____ **DISTRICT**

Chapter Name: _____ **Chapter Number:** _____
Full Name of University/College: _____
Chapter Street Address (or P.O. BOX): _____
City, State & ZIP: _____

REGISTRAR/DEAN OF COLLEGE OR UNIVERSITY

Undergraduate Chapter members must be registered full or part-time and be pursuing a Bachelors degree. Please complete columns D, E, F and G for each Member; certify the information by placing the University Seal and your signature hereto; and indicate the number of persons for whom you have provided information. **Each Member is required to sign the release statement on the second page.**

OMEGA PSI PHI FRATERNITY – CHAPTER UNDERGRADUATE ADVISOR

List the name and office (if applicable) of each Member in columns A, B and C. **Each enrolled Chapter Member must complete the release statement on the reverse side of this page.** Then, the registrar of the college or university must complete columns **E, F, AND G.**

A Names of Chapter Members Print or Type	B Chapter Position (Basileus, KRS, etc.)	C Major	D Academic Classification (So., Jr., etc)	E Semester Grade Point Average	F Cumulative Grade Point Average	G Graduate (Yes or No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

CHAPTER MEMBERS - DO NOT WRITE BELOW THIS LINE

For Institution/University/Student Affairs/Greek Life Official and/or other University Designated Administrators Use Only

Seal of Registrar or Signature of Student Affairs/Greek Life Official and/or other University Designated Administrator	Chapter Semester GPA	Chapter Cumulative GPA
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FOR CHAPTER ADVISOR USE ONLY

Date Completed _____/_____/_____ Number of Members Listed _____

 (Print) Chapter's Advisor Name Chapter Advisor Signature

2ND VICE DISTRICT REP: _____ **Please SCAN AND EMAIL TO:** _____
 _____ **, DISTRICT REP:** _____ **, IHQ:** _____

THEN PLEASE MAIL HARD COPY TO IHQ:
 Omega Psi Phi Fraternity, Inc.
 Attn: Nikki Bess
 3951 Snapfinger Parkway
 Decatur, GA 30035

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VERIFICATION OF GRADE POINT AVERAGE

By my signature, which appears below, I do hereby authorize release to Omega Psi Phi Fraternity, Inc. representatives, the information requested on the reverse side of this form, for the purpose of assessing my academic eligibility for participation in said organization.

	NAME (TYPE OR PRINT)	COLLEGE I.D. NUMBER	E-MAIL	PHONE#	SIGNATURE	DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Chapter Name & Number						
(Print) Chapter's Advisor Name		Chapter Advisor Signature			Date	
(Print) Chapter's Basileus Name		Chapter Basileus Signature			Date	
VERIFICATION RECEIVED BY DISTRICT REPRESENTATIVE or HIS DESIGNEE						
I certify that this form was personally verified by me on						
Print Name			Signature of District Representative or Designee			

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For Chapters with more than 12 Brothers:

A Names of Chapter Members Print or Type	B Chapter Position (Basileus, KRS, etc.)	C Major	D Academic Classification (So., Jr., etc)	E Semester Grade Point Average	F Cumulative Grade Point Average	G Graduate (Yes or No)
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

	NAME (TYPE OR PRINT)	COLLEGE I.D. NUMBER	E-MAIL	PHONE#	SIGNATURE	DATE
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

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For Chapters with more than 24 Brothers:

A Names of Chapter Members Print or Type	B Chapter Position (Basileus, KRS, etc.)	C Major	D Academic Classification (So., Jr., etc)	E Semester Grade Point Average	F Cumulative Grade Point Average	G Graduate (Yes or No)
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						

	NAME (TYPE OR PRINT)	COLLEGE I.D. NUMBER	E-MAIL	PHONE#	SIGNATURE	DATE
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						

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For Chapters with more than 36 Brothers:

A Names of Chapter Members Print or Type	B Chapter Position (Basileus, KRS, etc.)	C Major	D Academic Classification (So., Jr., etc)	E Semester Grade Point Average	F Cumulative Grade Point Average	G Graduate (Yes or No)
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						

	NAME (TYPE OR PRINT)	COLLEGE I.D. NUMBER	E-MAIL	PHONE#	SIGNATURE	DATE
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						

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Rev 15D1214