NOTIFICATION OF TRANSFER

Please use this Form to notify the Chapter of your transfer from your Chapter to another school. If we have a Chapter at that school, we will notify the Chapter.

Your Full Name__________________________________________

Home Mailing Address: (future if moving) _____________________________________________________________

____________________________________________________   _______________________   _____________    __________

Chapter/University Transferring To: _________________________________________________________________

Last Quarter At Tech: (circle one) FALL WINTER SPRING SUMMER

Arriving at University: _________________________________  __________________
 Semester (i.e. fall/spring) Year

Mail to: The Gamma Beta Phi Society
P.O. Box 3109
Ruston, LA 71272

OR
Give to Chapter Secretary