Fraternity and Sorority Expectations of Recognition

The University of California, Merced believes that fraternities and sororities can contribute significantly and positively to the quality of the undergraduate experience by providing opportunities for the development of leadership skills, civic involvement, intellectual growth and the bond of impactful lifelong relationships. The University recognizes and affiliates itself with fraternities and sororities through the Office of Student Life. The Office of Student Life is responsible for creating and implementing those policies necessary for the growth and development of the fraternal community on campus.

It is the goal of the Office of Student Life to create and hold clear expectations of recognized fraternities and sororities on campus. Therefore, this Expectations of Recognition document has been created and distributed to communicate those minimum standards of all social fraternities and sororities at UC Merced. These expectations are meant to be reviewed and reaffirmed by the Office of Student Life and each undergraduate chapter every calendar year. When all expectations are upheld, the organization is to be fully recognized as in good standing. When a chapter fails to meet the expectations outlined in this document, it is subject to disciplinary action ranging from educational sanctions to removal of recognition.

Every academic year each chapter must:

A. Complete the Fraternity and Sorority Life Re-Registration process on CatLife, which includes:
   a. Have at least 4 active members.
      i. If your organization falls under 4 active members, a growth and development plan will be created with your Chapter President and the Fraternity and Sorority Life Coordinator.
   b. Upload your inter/national and/or chapter New Member Education program or member intake process.
   c. Upload your inter/national and/or chapter Risk Management Policy.
   d. Upload a copy of your most recent Constitution/By-Laws
   e. Upload a copy of your Insurance Verification
   f. Sign and Agree to a Non-Discrimination Agreement and Hazing Prevention Agreement

B. Have minimum of (2) officers attend the RCO Required Trainings, multiple dates are offered, please see CatLife for more details on dates, times, and location.
   a. RCO Orientation
   b. Budget, Purchasing, and Spending UC Merced Funds
   c. Power Dynamics and Membership Practices
      i. This will be waived for Fraternity and Sorority chapters if your chapter completes the Hazing Prevention Programming (see below).
   d. Large Event and Event Planning

C. Have their chapter president or chapter delegate attend all Professional Fraternity Council (FSC) Meetings or Fraternity and Sorority Council (PFC) Meetings, for their respective council. Please review FSC and PFC bylaws on sending an alternate for these meetings.
   a. As mentioned at the end of 2018-2019 school year and with feedback from FSC Chapters, FSC will be bringing back the Monthly President’s Forum. Additionally FSC will be adding monthly Panhellenic sorority meetings, monthly Social Fraternity meetings, and monthly NALFO/Multicultural sorority meetings to meet the needs of our community.

D. Have their Chapter President attend the yearly community leadership retreat.
   a. Chapter’s may send an alternate representative. Requests for alternate attendance should come no less than 48 hours before the meeting. Emergency circumstances will of course be considered.
E. Have each chapter complete their required programming with 90% of their chapter members present. The chapters should choose to schedule two programs for Fall semester and the other two programs for Spring semester. If a chapter’s national/inter-national office provide any programming in these areas, a chapter can request to waive that specific program by emailing the Fraternity and Sorority Life Coordinator with a copy of the presentation and materials. If the Fraternity and Sorority Life Coordinator waives a program for a chapter, they must review a “Resource Sheet” with their chapter members. For more details, please review the FSL Handbook. You can request the required programs at: tinyurl.com/FSLRequiredPrograms. The required programs are as follows:
   a. Interpersonal/Gender-Based Violence Programming (CARE)
   b. Hazing Prevention Programming (OSL - Fraternity & Sorority Life)
   c. Alcohol Awareness/Safe Party Programming or Marijuana/Cannabis Programming (Health Promotion Office)
   d. Diversity/Inclusivity Programming (OSL – Inclusion Initiatives)
F. Have 100% of new members attend the Being a New Member Conference the semester they join. If a new member is unable to attend the conference due to an emergency circumstance, they will work with the Coordinator of Fraternity and Sorority Life to receive an alternative assignment to fulfill this requirement.
G. Have each chapter’s New Member Educators/Pledge Educators attend a Hazing Prevention Workshop before any recruitment/rush/intake process begins.
H. Sign and submit the Expectations of Recognition document by the deadline of FSL’s re-registration process. For 2019, this falls on September 9th, 2019.

**Every Semester each chapter must:**
   A. Update chapter leadership and alumni/chapter advisor information.
   B. Provide chapter roster updates to the Fraternity and Sorority Life Coordinator each semester the Monday before finals week starts.
   C. Remain in compliance with any University conduct sanctions.

I understand that by signing this document, I am communicating my understanding of the above listed expectations for recognition. I also understand that by signing this document I agree to uphold the above expectations on behalf of ________________________ chapter of ________________________ organization. If my chapter fails to meet these expectations, I understand that we are subject to disciplinary action, as outlined by this document.

Printed Name: __________________________________ Officer Title: ________________________________
Signature: ___________________________ Date: __________________

Printed Name: ______________________________ Officer Title: ________________________________
Signature: ___________________________ Date: __________________

Printed Name: ________________________ Officer Title: ________________________________
Signature: ___________________________ Date: __________________