

NEW MEMBER/NEOPHYETE REPORTING FORM

Full Name: _____

Email: _____

Phone Number: _____

Campus Address: _____

Millikin ID Number: _____

Year in School: F S J Sr. Grad

Address: _____ _____ _____ _____ _____	Address: _____ _____ _____ _____ _____
Email Address: _____ _____	Email Address: _____ _____
My parents/guardian(s) primary language is _____.	

policies against hazing. I understand that these practices are not only harmful, but illegal in the state of Illinois. I will not allow myself to be hazed nor will I tolerate the hazing or harassment of any fellow members. If my individual efforts to eliminate hazing are not successful, I will notify the proper authorities of the hazing activities that I am aware of.

From the Millikin University Student Code of Conduct and the University Anti-hazing policy:

Hazing is an act that endangers the mental or physical health or safety of a student, or which destroys or removes public or private property, for the purpose of initiation/admission into, affiliation with or as a condition of continued membership in a group or organization. The express or implied consent of the student will not be a defense. Apathy or acquiescence in the presence of

