

FRATERNITY/SORORITY/COOPERATIVE \_\_\_\_\_

Date \_\_\_\_\_

## PURDUE UNIVERSITY - OFFICE OF THE DEAN OF STUDENTS ENCUMBRANCE SUBMITTAL FORM

- yes  no DID THE STUDENT LIVE IN THE HOUSE THE ENTIRE TIME THIS DEBT WAS INCURRED?  
 yes  no IS ENCUMBERED STUDENT A CANDIDATE FOR GRADUATION?  
 yes  no IS THE ENCUMBRANCE FOR A DEBT THAT WAS INCURRED DURING THE CURRENT SEMESTER?  
 yes  no I HAVE PERSONALLY NOTIFIED THE STUDENT THAT HE/SHE IS BEING ENCUMBERED.  
 yes  no I UNDERSTAND THAT I MUST SUBMIT AN ENCUMBRANCE REMOVAL FORM BEFORE THE ENCUMBRANCE WILL BE RELEASED.

COMPLETE THE INFORMATION BELOW AND SUBMIT THIS COMPLETED FORM **ALONG WITH A COPY OF THE COMPLETED, SIGNED CONTRACT FOR THE TIME THE DEBT WAS INCURRED** TO THE FRATERNITY, SORORITY AND COOPERATIVE LIFE OFFICE IN KRCH 229, NO LATER THAN THE FRIDAY BEFORE FINALS WEEK.

\_\_\_\_\_ requests that \_\_\_\_\_  
(name of group) (student's FULL name)

\_\_\_\_\_ residing at \_\_\_\_\_  
(student's PUID #) (complete address)

be encumbered for the amount of \$\_\_\_\_\_. (**Minimum amount of \$200.00**)

This amount is broken down as follows: Room \$\_\_\_\_\_ Board \$\_\_\_\_\_ Dues \$\_\_\_\_\_ Other \$\_\_\_\_\_ (explain) **Total** \$\_\_\_\_\_

These charges were incurred the month(s) of \_\_\_\_\_.

We certify that the above-named student is indebted to our group for room rental, food charges, dues, or any other charges for the current semester that apply uniformly to all members of the group, under a written contract.

\_\_\_\_\_  
President's signature required

\_\_\_\_\_  
Treasurer's signature required

\_\_\_\_\_  
President, please print name

\_\_\_\_\_  
Treasurer, please print name

Phone Number \_\_\_\_\_  
(Campus)

Phone Number \_\_\_\_\_  
(Campus)

\_\_\_\_\_  
(During break, if applicable) (City, State)

\_\_\_\_\_  
(During break, if applicable) (City, State)

OFFICE USE		
Date Received	Authorized Signature	Date of authorization