

**INTENT TO BREAK A PLEDGE  
ST. MARY'S UNIVERSITY**

Date: \_\_\_\_\_

Name of Dis-Affiliating Student: \_\_\_\_\_ ID# \_\_\_\_\_

Sorority/Fraternity: \_\_\_\_\_

I understand that by signing this form, I will no longer be a member of the above pledge class or sorority. I further understand that I must refrain from participating in recruitment or accepting a bid from an NPC/IFC –affiliated organization for one full year. I will keep any rituals or secrets passed along to me during my participation in the above organization's new member education program confidential.

\_\_\_\_\_  
Signature of Dis-Affiliating Student

\_\_\_\_\_  
Signature of New Member Educator

\_\_\_\_\_  
Signature of Chapter President

**RETURN TO THE GREEK ADVISOR IN THE STUDENT LIFE OFFICE  
WITHIN SEVEN WORKING DAYS OF THE ABOVE SIGNATURE DATE.**

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