

Date Received: \_\_\_\_\_  
Date Entered: \_\_\_\_\_

**Mississippi State University**  
**Fraternity and Sorority Hazing Compliance Form**

We certify that all activities sponsored or required by our national fraternity/sorority members or pledge/associate members comply with the MSU Hazing Policy, and with the State of Mississippi.

We have informed the candidate/new member(s) of our fraternity/sorority of the contents of the MSU Hazing Policy and National Hazing Policy. This policy will be read to new members at the beginning of each semester's new member education process.

We understand that failure to uphold the MSU Hazing Policy will result in referral to the Dean of Students for an organizational violation of the MSU Hazing Policy (i.e. the fraternity/sorority will face charges), and/or referral to the Dean of Students for an individual violation of the MSU Hazing Policy (i.e. the individuals within the fraternity/sorority who haze will face charges). We also understand that the fraternity's regional/national representatives may be notified of violations of the MSU Hazing policy.

We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. We understand our responsibility to not allow members of our organization, whether undergraduate or alumni status or affiliated at another institution of higher education, to haze our new members. Failure to report any such activity of which you become aware may cause personal referral to the Dean of Students.

Our signatures below certify that we have read, understand, and agree to abide by the MSU Hazing Policy.

\_\_\_\_\_  
Fraternity/Sorority Name

\_\_\_\_\_  
Individual Chapter Name

\_\_\_\_\_  
Printed Name of the Chapter President

\_\_\_\_\_  
Printed Name of the New Member Educator

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

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

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_/\_\_\_/\_\_\_  
Date

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**MSU Greek Life – Hazing Policy  
New Member Compliance Form**

Hazing in any form is strictly prohibited. Hazing is a broad term that encompasses a multitude of actions or activities. The term hazing refers to any actions or activities that may negatively affect the development of a person or an organization; which cause mental or physical harm; or which subject individuals to harassment, embarrassment, ridicule, or distress. Examples of situations that are considered hazing include, but are not limited to tests of endurance, physical abuse, psychological abuse, morally degrading or humiliating activities, forced ingestion of any substance, activities which interfere with academic pursuits, and servitude.

**Mississippi State University Hazing Policy:**

Hazing is prohibited. Physical hazing violates statutes of the State of Mississippi. Any member and/or group failing to comply with this policy is subject to disciplinary action. This policy pertains to all pledges, active, and alumni members of the fraternity, sorority, or other organizations.

For purposes of this policy, hazing is defined as any individual or organization who, in the course of another person's initiation into or affiliation with any organization, intentionally or recklessly engages in conduct which creates a substantial risk of physical injury to such other person or a third person.

**State of Mississippi Hazing Law**

It is identical to that of the Mississippi State University Hazing Policy

Hazing is typically associated with membership selection and initiation into an organization. It is possible for hazing to occur before, during and after membership selection and initiation. Mississippi State University will investigate all hazing allegations. Individuals and organizations found in violation of the MSU Hazing Policy will be sanctioned and turned over to the proper law enforcement agency. If you believe you or someone you know has been a victim of hazing, contact the Assistant/Associate Director of the Colvard Student Union-Greek Life at 662-325-2513, or the Dean of Students Office at 662-325-3611.

By signing this statement, I agree that I have read and understand the Greek Life Hazing Policy. I agree to comply with this policy, local and state laws, and polices of my fraternal organization (which are more specific) and the local and national governing council to which my organization belongs.

Organization \_\_\_\_\_

Chapter \_\_\_\_\_

Academic Period \_\_\_\_\_

Semester \_\_\_\_\_

