



OMEGA PSI PHI FRATERNITY, INC.

**MEMBERSHIP SELECTION PROCESS
CLASSROOM TRAINING CONFIRMATION FORM**

I, _____ (printed name), confirm that I have participated in an MSP classroom training session that was sanctioned by the District Representative. This classroom training session covered the Omega Psi Phi Fraternity, Inc. Membership Selection Process and took place as reflected below:

Date: _____

Instructor: _____

Location: _____

I represent that I have been trained on the rules, policies, procedures, and requirements of the Membership Selection Process and agree to abide by the same in all respects. I represent that I have asked questions concerning the Membership Selection Process and have had such questions answered to my satisfaction such that lack of knowledge cannot and will not be offered as an excuse for non-compliance. I further affirm that I have reviewed the Omega Psi Phi Fraternity Member Code of Conduct and Disciplinary Policy, as well as the Omega Psi Phi Fraternity Anti-Hazing Statement, and I understand that failure to comply with the rules, policies, procedures, and requirements of the Membership Selection Process will subject me to disciplinary action up to and including expulsion from the Fraternity.

Participant's Signature

Chapter Name (and office if applicable)

Control Number

Instructor's Signature