**NRHH Member Removal Form**

In order to remove a current member of NRHH, this application must be filled out with confirmation from each party. It must be submitted electronically to each regional AD-NRHH for approval. Please refer to the NRHH Policy Book for more information.

The following guidelines apply to the procedure of applying for removal:

1. The member and/or chapter must complete the removal application (contact your Regional AD-NRHH to obtain a copy) which shall include the electronic signatures of: Chapter President and Chapter Advisor.

2. The completed application shall be submitted to the respective Regional AD-NRHH for approval.

3. It is the right of the Regional AD-NRHH to deny requests for reasons including, but not limited to:

a. The application form is incomplete.

b. The Regional AD-NRHH does not believe that sufficient measures were taken by the chapter to address the member’s inactivity or ineligibility within the chapter before submitting the application.

4. If the member and/or chapter wish to appeal the decision, they may appeal to the Regional AD-NRHH through written request as to why the Candidate deserves to continue as a member of NRHH.

Application:

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_ ACURH

Chapter Name:

Name of Individual Filling Out Application:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Active Members: \_\_\_\_\_\_\_\_\_\_\_

Removal Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Induction Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Graduation Date: \_\_\_\_\_\_\_\_\_\_

Why is this candidate being recommended for Removal?

What expectations does your chapter have in place that cannot be fulfilled by this candidate?

Please describe the efforts that have been made to convey the chapter expectations to this candidate and their response to those efforts.

Have you communicated to the candidate that he/she is being recommended for Removal?

Yes \_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Any additional information? (Please keep additional information specific to their involvement in NRHH)

REQUIRED ELECTRONIC SIGNATURES:

NRHH Chapter President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRHH Chapter Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for submitting this application for Removal. After careful consideration and review of this application a decision will be made and your chapter will be notified of the outcome. In the event that this person is authorized for removal, then an additional Active Member space will become open within your chapter.

For Official Use:

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

AD-NRHH Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_