**Kappa Psi Pharmaceutical Fraternity, Inc**

***GCD Verification Form***

*All Grand Council Deputies, as advisors for a Collegiate Chapter of Kappa Psi Pharmaceutical Fraternity, Inc. on the campus of a school or college of pharmacy, must have approval by the Dean of Student Affairs (or equivalent)* ***of the school or college of pharmacy*** *in which the Chapter exists. This form is to ensure that the College is aware of said individuals who are officially advising a student organization on their campus.* ***This form must be completed each year within 30 days of election for the GCD (and co-GCDs, if applicable for your Chapter) or annually for Faculty Advisors.***

[ ]  Primary GCD of Record (to receive MASK, correspondence, etc) [ ]  Co-GCD [ ]  Faculty Advisor

**Chapter Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School/College Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grand Council Deputy/Faculty Advisor Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Date of Election by the Chapter: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Re-election (if applicable): \_\_\_\_\_\_\_\_\_\_\_

Relationship of Grand Council Deputy/Faculty Advisor to this School or College is (choose all that apply):

[ ]  Employed Faculty [ ]  Adjunct Faculty [ ]  Affiliate Faculty

[ ]  Alumni (of this Chapter)

[ ]  Local Graduate Brother (i.e. initiated into another chapter, but living in the area)

By signing here, I agree to serve the Fraternity in the role as a Grand Council Deputy/Faculty Advisor. I have read the constitution and understand the duties for which this elected position shall withhold. I also understand that I am responsible for any additional duties as outlined by the local Chapter ordinances and as the school requires.

GCD/Faculty Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**School/College Dean Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

*\*Once signed, please scan and email to the* *centraloffice@kappapsi.org**, and the GCD Committee at* *GCDChair@kappapsi.org**.*