Spring 2021 COB PNM Verification Form

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out this form with people interested in COB for your chapter and email it to rowea@vt.edu. FSL will verify their eligibility in HokieSpa and will provide you with an academic summary within one business day of receipt of this form.

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | VT Email |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |