

STUDENT ORGANIZATION APPLICATION FOR NAME CHANGE
Please type (typewriters are available in the SGA office at 022 Classroom Bldg)

Name of Organization _____ Date _____

President's Name _____ Phone _____ Email _____

Vice President's Name _____ Phone _____ Email _____

Advisor's Name _____ Phone _____ Email _____

Purpose of Organization _____

Current name of organization _____

New name of organization _____

Rationale for changing name: _____

Do not write below this line

Action taken by CSO _____

Date _____ CSO Chair Signature _____