

STUDENT ORGANIZATION OFFICER/ADVISOR INFORMATION

Date Submitted: _____ On-Campus Mailing Address: _____

Name of Organization: _____

Please list the name and phone number of each officer.

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Web Weaver: _____

Please use reverse side for additional officers and the position each holds along with addresses and phone numbers.

FACULTY ADVISOR: _____

DEPARTMENT: _____

CAMPUS ADDRESS: _____ PHONE: _____