

CHANGE OF OFFICERS FORM for Student Organization Center

(Office Use Only)	
Received	_____
Checked by	_____
Approved by	_____
Date Approved	_____
Copy	Posted ___ / ___ / ___

Academic Year _____

NAME OF ORGANIZATION: _____

CURRENT OFFICER (Please print)

Please fill out the information below:

President: _____ SS#: _____

Phone: _____ E-mail Address _____

Address: _____

Reserve Facilities Yes _____ No _____

Vice-Pres: _____ SS#: _____

Phone: _____ E-mail Address _____

Address: _____

Reserve Facilities Yes _____ No _____

Secretary: _____ SS#: _____

Phone: _____ E-mail Address _____

Address: _____

Reserve Facilities Yes _____ No _____

Treasurer: _____ SS#: _____

Phone: _____ E-mail Address _____

Address: _____

Reserve Facilities Yes _____ No _____

(Note: Please fill out the information below if your Faculty Advisor has changed along with the Officers)

Faculty Advisor: _____ Phone: _____

Campus Address _____ Speed Sort _____

