

Re-Register your Student Organization 2024-2025

Name of your student organization:

(1) Student Organization Officer: _____

Signature: _____

Phone Number: _____

Email Address: _____

(2) Student Organization Member: _____

Signature: _____

Phone Number: _____

Email Address: _____

(3) Student Organization Member: _____

Signature: _____

Phone Number: _____

Email Address: _____

(4) Staff or Faculty Advisor: _____

Signature: _____

Phone Number: _____

Email Address: _____

Goals and purpose of this
organization: _____
