

Notification of Organization change of Information

Please check all that apply:

- Change of Advisor:
 - Name of advisor: _____
 - Signature of new advisor: _____
 - Change of Organization Name:
 - New name of organization: _____
 - Change of Student Contact Information:
 - Name of new student contact: _____
 - Address: _____
 - Phone number: _____
 - Email: _____
 - Change of Scheduled meeting times: _____
 - Other: _____
- _____

Information can only be altered by a student member of the Organization. By signing below, the student understands that it is the responsibility to notify the advisor and the Student Activities and Organizations Office with any further changes. It is also understood that the information provided will remain the current until notified. This notification must be signed in order to be active.

PLEASE PRINT NAME AND POSITION OF STUDENT:

Signature of Student: _____

Office Use Only

Date received: _____ Date active: _____