

Officer Update Form  
Academic Year 20\_\_ to 20\_\_

Date: \_\_\_\_\_

Organization's Full Name: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date of Election: \_\_\_\_\_

Length of term: \_\_\_\_\_

First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone

This form must be returned to the Student Life Office within ten working days of the student organization election.

Officer Update Form  
Academic Year 20\_\_ to 20\_\_

Date: \_\_\_\_\_

Organization's Full Name: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date of Election: \_\_\_\_\_

Length of term: \_\_\_\_\_

First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone
First & Last Name	Position
E-mail Address	Telephone

This form must be returned to the Student Life Office within ten working days of the student organization election.