Office of Student Engagement-Leadership

Organization Membership Information Form

_____Semester Date_____20

Name of Organization: _____ Chapter: _____

President Signature: _____ Adviser Signature: _____

(***LIST ALL* CURRENT *MEMBERS INCLUDING OFFICERS! Show name and G # only (only Gray columns);* leave all other columns blank*)***

NAME	G NUMBER	PREVIOUS SEMESTER GPA	CUMULATIVE GPA	HOURS REGISTERED THIS SEMESTER	TOTAL HOURS EARNED	HAZING TRAINING COMPLETE

Authorization: _____ Verification: _____

Student Organization Coordinator Registrar

(Make a copy of this form if additional pages are necessary)

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