STUDENT ORGANIZATION UPDATE FORM



ORGANIZATION NAME	& CHAPTER			
Date				
Type of Organization:	SocialOther	EducationalDescribe	Community Service	
PRESIDENT				
Name				
Mymdc E-mail			Cell Phone	
VICE-PRESIDENT				
Name				
Mymdc E-mail			Cell Phone	
PRIMARY ADVISOR				
Name				
Mymdc E-mail			Cell Phone	
CO-ADVISOR				
Name				
Mymdc E-mail			Cell Phone	
CO-ADVISOR				
Name				
Mymdc E-mail			Cell Phone	
DESCRIPTION/PURPO)SE			
LEARNING OUTCOMES	S TOACCOMPLISH			
_				

STUDENT ORGANIZATION UPDATE FORM



This is to certify that I am a full time Faculty and I agree to serv	e as an Advisor
Name of Organization	
for theschool year. I am familiar with the Students	' Rights & Responsibilities and the rules and regulations governing campus-approved
organizations. All officers and members being submitted in this	s packet meet the qualifications per Student Life guidelines.
Primary Advisors Name	Date
Department / Room #	Extension
E-mail Address	Cell #
Advisor (Signature)	Date
Advisors Department Chair/Manager (Signature)	
Date	
STUDENT LIFE WILL BE RESPONSIBLE FOR THE SIG	NATURES BELOW
	Date
	Data
	Date
Signature	Date

STUDENT ORGANIZATION UPDATE FORM



President/Name	Student
Phone	Mymdc E-mail Address
Vice President/Name	Student
Phone	Mymdc E-mail Address
Secretary/Name	Student
Phone	Mymdc E-mail Address
Treasurer/Name	Student
Phone	Mymdc E-mail Address
Name	Student
Phone	Mymdc E-mail Address
Name	Student
Phone	Mymdc E-mail Address
Name	Student
Phone	Mymdc E-mail Address
Name	Student
Phone	Mymdc E-mail Address
Members	