



Student Organization Officers and Advisor Form

Club/Organization: _____

Academic Year: _____

Email Address: _____

President

Name: _____

ULV Email: _____

Cell Phone: _____

Status: 1L 2L 3L 4L

Vice President

Name: _____

ULV Email: _____

Cell Phone: _____

Status: 1L 2L 3L 4L

Secretary

Name: _____

ULV Email: _____

Cell Phone: _____

Status: 1L 2L 3L 4L

Treasurer

Name: _____

ULV Email: _____

Cell Phone: _____

Status: 1L 2L 3L 4L

Other Position-

Name: _____

ULV Email: _____

Cell Phone: _____

Status: 1L 2L 3L 4L

Other Position-

Name: _____

ULV Email: _____

Cell Phone: _____

Status: 1L 2L 3L 4L

Other Position-

Name: _____

ULV Email: _____

Cell Phone: _____

Status: 1L 2L 3L 4L

Faculty/Staff Advisor

Name: _____

ULV Email: _____

Cell Phone: _____

Co-Faculty/Staff Advisor

Name: _____

ULV Email: _____

Cell Phone: _____

Agreed by:

Organization President

Date

Advisor

Date