STUDENT ORGANIZATION UPDATE FORM

(SEMESTER) __________ (YEAR) __________

OFFICIAL ORGANIZATION NAME:
____________________________________________________________________

OFFICER'S MAIL ADDRESS
_____________________________________________

NUMBER OF CURRENT MEMBERS __________

Is this group a local chapter of a national/international organization? YES NO

OFFICERS
1. PRESIDENT (Full Name, E-mail, Telephone)

2. VICE PRESIDENT (Full Name, E-mail, Telephone)

3. SECRETARY (Full Name, E-mail, Telephone)

DECLARATION OF ADVISOR
I am aware of the responsibilities of a student organization advisor as outlined by my organization, and I agree to serve as advisor for the above-named organization through the __________ academic term.

1. ______________________________________________ Faculty/Staff Advisor Name
   E-mail
   Phone
   ____________________________ Signature

2. ______________________________________________ Faculty/Staff Advisor Name
   E-mail
   Phone
   ____________________________ Signature

We hereby certify that the above-named organization will abide by and conduct all activities in accordance with state and federal law, the organization constitution and bylaws, and policies and procedures governing student organizations as formulated by The University of South Carolina Lancaster. Additionally, we, the undersigned certify that organization membership currently includes students currently enrolled at The University of South Carolina Lancaster and verify that the information appearing on this form is true and correct to the best of our knowledge. This information may be released for directory and mailing purposes. The Office of Student Life will receive written notification of any changes in the organizational constitution and bylaws, officers, advisors, or general status.

President’s Signature/Date

Advisor’s Signature/Date

OFFICIAL USE ONLY
Date Received _________________________________

Approved By ________________________________