

PLEASE RETURN COMPLETED FORMS TO STARR HALL, ROOM 106  
STUDENT ORGANIZATION UPDATE FORM  
(SEMESTER) \_\_\_\_\_ (YEAR) \_\_\_\_\_  
OFFICIAL ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION/PRESIDENT'S E-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* \_\_\_\_\_