ORGANIZATION RENEWAL FORM

Date: _____

Organization: _____

Year: _____ Semester: ☐Fall ☐Spring

President: _____ Phone: _____ E-mail: _____

Vice President: _____ Phone: _____ E-mail: _____

Secretary: _____ Phone: _____ E-mail: _____

Treasurer: _____ Phone: _____ E-mail: _____

Other Position: _____ Phone: _____ E-mail: _____

Other Position: _____ Phone: _____ E-mail: _____

Advisor: _____

Advisor: _____

1. Describe the organization's goals for this semester.

2. What activities do you have planned for this semester?

3. Please provide your meeting schedule below:

Note: If advisor is changing from previous one or if one is being added, please file an Advisor Form.