

Officer Update Form

SUU Greek Life

OFFICE USE ONLY

Date Received: _____

Received By: _____

INSTRUCTIONS: Please PRINT or type ALL information. Return this form to the Office of Student Involvement and Leadership, SSC 177

Form completed by: Name (Last, First) _____

Date _____

Chapter Information

Fraternity/Sorority Name: _____ Semester: _____

Previous Officer Information

Office Title: _____

Previously Held By: _____

Date Held: _____

Name (Last, First)

(mm/yyyy – mm/yyyy)

Reason for Leaving Office:

- Completed Office Term
- Transferred Universities
- Permanent Disaffiliation
- Graduation (list month/year) _____
- Inactive – Finances
- Inactive – Other _____

New Officer Information

Currently Held By: _____
Name (Last, First)

Projected Office Term: _____
(mm/yyyy –mm/yyyy)

E-mail: _____ Phone Number: _____