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: __________________________