

Change of Advisor Form
For MUW Student Organizations

To be completed by organization president:

Name of Organization: _____

President's Name: _____ Phone: _____

Current Advisor's Name: _____

New Advisor Information:

Name: _____ E-mail: _____

Campus Phone: _____ Emergency #: _____

Campus Address: _____

Position Held on Campus: _____

What date will your new advisor assume his/her responsibilities? _____

To be completed by new advisor:

I understand my responsibilities as an advisor as stated in the Student Handbook and will work with the Office of Student Life to promote the growth and well-being of this organization and its members.

Signature

Date

Please return to the Office of Student Life, MUW 1624, Cochran Hall

Please do not write below this line

New Advisor Approved _____

New Advisor Denied _____

Reasons for denial: _____

Signature of Student Life Representative

Date