STUDENT ORGANIZATION APPLICATION FOR NAME CHANGE
Please type ('Tab' between fields, do not use 'Enter'**)**

_____ _____
Name of Organization   Date

_____ _____ _____
President's Name   Phone   Email

_____ _____ _____
Vice President's Name   Phone   Email

_____ _____ _____
Advisor's Name   Phone   Email

Purpose of Organization _____

_____

_____

_____

_____

_____

Current name of organization_____

New name of organization _____

Rationale for changing name: _____

_____

_____

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_____

Do not write below this line

Action taken by CSO _____

_____ _____
Date   **CSO Chair Signature**