



STUDENT ORGANIZATIONS COUNCIL

Change of Officer's Form

Name of Organization: _____ Date: _____

Purpose of change: _____

(Please attach the proper Meeting Minutes to show proof of this change by the organization.)

Officer Change:

Position: _____

Past Officer: _____ Panther I.D.# _____

*New Officer: _____ Panther I.D.# _____

Address: _____ Contact Number: _____

Email Address: _____ Signature: _____

President/Advisor Signatures

President: _____ Panther I.D.# _____

Email Address: _____ Contact Number: _____

Signature: _____ Date: _____

Advisor: _____ Office: _____

Department: _____ Position: _____

Email Address: _____ Contact Number: _____

Signature: _____ Date: _____