

Lincoln University Scruggs
University Center

Mr. Bryon Davis
Office of Student Activities

Room B12

For office Use ONLY

Date Received _____

Time _____

**Lincoln University
Student Organization Information Form
(S.O.I.F.) For
Registration of Campus Organizations**

Name of Organization _____

Address Mail To: _____

Address: _____

Local Advisor Name

Local Co-Advisor Name:

Regional Advisor Name:

Address: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Phone #: _____

President:

Name: _____

Address: _____
Street City State Zip Code

I.D. # Phone # Fax #

E-mail Address: _____

V/President:

Name: _____

Address: _____
Street City State Zip Code

I.D. # Phone # Fax #

E-mail Address: _____

SGA Senate
Rep:

Name: _____

Address: _____
Street City State Zip Code

I.D. # Phone # Fax #

E-mail Address: _____

Alternative
SGA Rep:

Name: _____

Address: _____
Street City State Zip Code

I.D. # Phone # Fax #

E-mail Address: _____

Additional Members:

Advisors Signature

Date

Co-Advisor's Signature

Date