University of Arkansas at Pine Bluff Office of Student Involvement and Leadership Status Change Form

rganization Name		Submission Date	
#	Student ID Number	Status Code	Name
1			
2			
3			
4			
5			
5			
7			
8			
9			
10			·
11			***************************************
12			
13			
14			
15			
		d from the membership intanent within 48 hours regard	ke process the organization must tuing the reason why.
hapter President Name		Signature	Date
Advisor Name		Signature	Date