UNIVERSITY OF CALIFORNIA, SANTA CRUZ

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Student Organization Advising & Resources (SOAR)
Cowell 101

1156 High Street
Santa Cruz, California 95064

Greek Letter Organization Chapter Executive Form

Name of Organization: _____ **Day/Time of Chapter Meetings**: _____

Election Cycle (Identify Quarter) _____

NAME	EXECUTIVE TITLE	EMAIL ADDRESS	PHONE

Advisor Information

National/ Regional Advisor Information: _____

Title: _____ Office Phone: _____

Email: _____ Cell Phone: _____