

Campus Programs and Events Office & Campus Activities Board (C.A.B.)
APPLICATION FOR MEMBERSHIP IN AN OLIVET COLLEGE STUDENT ORGANIZATION

By signing and submitting this form I hereby permit the Director of Student Activities and Parent Programs to verify the information given with the Registrar's Office. Please print all information below, and return this form to the director of Student Activities and Parent Programs.

Student Organization You Wish to Join? _____

Name: _____ **Student D#** _____ **Age:** _____

Campus Address: _____

Home Address: _____

Campus Phone: _____ **Home Phone:** _____ **Student ID:** _____

Class rank: SR _____ JR _____ SO _____ FR _____ SPEC _____ **Semester:** _____

Residency: Campus Resident _____ Commuter _____ **Status:** Traditional _____ Non Trad _____

Major: _____ **Minor:** _____ **C.G.P.A.:** _____ **Today's Date:** _____

Number of Credits this semester: _____ **Applicant's Signature:** _____

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