University of Wisconsin – Whitewater

Student Organization E-Mail Account Application

NOTE: All e-mail needs to be checked on a regular basis with saved e-mail being minimal and only as it relates to the business of the student organization.

Student Organization: _____

Date of Application: _____

Because of the constant changes that occur within student organizations, the organization advisor will be considered the owner of this e-mail account.

Organization Advisor:

Name: _____

Campus Phone Number: _____

Campus E-Mail Address: _____

By my signature below, I understand and acknowledge the above stated information and that any unauthorized use or abuse of the e-mail account by any member of this student organization may constitute disciplinary action and removal of e-mail privileges.

_____ _____
Student Organization Leader Date

_____ _____
Advisor Signature Date

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Requested E-mail Account Name: _____

(12 Character Limit; if you have a web page, please use the same name.)

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Career & Leadership Development has extended University recognition to this student organization and confirms that the above information is correct.

_____ _____
Signature Date

Please return this form to Career & Leadership Development, University Center 146.

Career & Leadership Development
Helping Students Achieve Their Dreams