

University of Wisconsin – Whitewater
Student Organization Web Account Application

Student Organization: _____

Date of Application: _____

Contact Person (Webmaster):

Name: _____

Campus Phone: _____

Campus E-mail: _____

Organization Advisor:

Name: _____

Campus Phone: _____

Campus E-Mail: _____

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

Webmaster Signature

Date

Advisor Signature

Date

.....
Directory Name: _____

(12 Character Limit; if you have an e-mail account, please use the same name.)

.....
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.