

## Advisor Information Form

This form MUST be completed providing all the requested information.

Sorority/Fraternity

Name \_\_\_\_\_

Chapter Advisor (attend any mtgs. where advisor is needed)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Rush Advisor

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

House Corporation President

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

This information must be kept current. If anything should change contact the Student Life office so that your file can be updated.