

PRAIRIE VIEW A&M UNIVERSITY
Office of Student Activities & Leadership
 Prairie View, Texas 77446

MEMBERSHIP ROSTER

MUST BE TYPED

Organization's Name: _____

Semester/Year: _____

		FOR OFFICE USE ONLY				
#	Name	CWI #	Total Hrs.	S-GPA	C-GPA	Approval/Disapproval
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 Signature, Organization President Date Signature, Coordinator of Student Organizations Date

 Signature, Primary Advisor Date Signature, Director of Student Activities & Leadership Date