

PRAIRIE VIEW A&M UNIVERSITY

Office of Student Activities & Leadership

Prairie View, Texas 77446

PROSPECTIVE MEMBERS REQUEST LIST

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