

For Office Use Only
Date Rec'd:
By:

Cum. GPA

INTEREST MEETING SIGN-IN FORM

Organization:		Date:	Time:	Location:					
Students who wish to participate in membership intake at the University of Florida must meet the minimum academic qualifications of the organization for which they are seeking membership									
Printed Name	UFID	Phone	Email Address	Signature	Cum. GPA (office use only)				

Email Address

Signature

Printed Name

UFID

Phone



For Office Use Only	
Date Rec'd:	
By:	

		(office use only)