OSLA |

Graduate Student Organization MEMBERSHIP ROSTER

Graduate Student Organization Name (please do not abbreviate)		Today's Date
STUDENT NAME	STUDENT SIGNATURE	Hofstra ID Number
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Graduate Student Organization Name	(please do not abbreviate)	Today's Date
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STUDENT NAME	STUDENT SIGNATURE	Hofstra ID Number

President's Signature (By signing you acknowledge that all attached information is correct.)				
Advisor Name	Advisor Department			
Advisor Email Address	_Advisor Phone Number			
Advisor Signature (I have reviewed the information and verify that this	information is correct) Dat	re		