مدينة زويل للعلوم والتكنولوجيا
Zewail City of Science and Technology

Office of Student Affairs

STUDENT ORGANISATION REGISTRATION FORM

PLEASE READ CAREFULLY BEFORE SIGNING

We, the undersigned, request that our organization be officially recognized as a student organization for the 2016/2017 year, with the right to use the university name and facilities. We guarantee full cooperation with the University's standards and regulations.

Name of organization _____ Abbreviation (if any) _____

LIST OF OFFICERS:

President's Name: (first, last)_____

Phone: (mobile) _____ Email: _____ ID:_____ GPA : _____

Vice-President's Name: (first, last)_____

Phone: (mobile) _____ Email: _____ ID:_____ GPA _____

Treasurer's Name: (first, last) _____

Phone: (mobile) _____ Email: _____ ID:_____ GPA _____

LIST OF MEMBERS:

Name	ID	Email	Title	Mobile