

Student Organization Web Representative Form

Student Organization: _____

Name of Web Representative: _____

Email of representative: _____

Phone numbers of representative (best possible numbers):

Name of Advisor: _____

Email of advisor: _____

Position at the University: _____

Phone numbers of representative (best possible numbers):

I understand that by signing this form I take responsibility for the content related to the student organization web site listed above. I understand that it is my responsibility to maintain the site and to follow the guidelines set forth in the Web Management Policy. I understand that before I am given access to the website, I am required to complete WebGUI training with the Web Manager.

Signature of student_____
Date

As advisor of this organization I approve maintenance of the above mentioned pages by the above listed student. I understand that it is my responsibility to review the site regularly to ensure information is correct and not in violation of the Web Management Policy.

Signature of advisor_____
Date