



STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA

Campus Life

Office of Campus Life, Room 220
607-436-3591

NEW MEMBER DISCONTINUATION NOTICE

This form must be submitted to the Campus Life Office within 24 hours of the student's decision to discontinue the New Member Education Program.

I, _____, President of _____
(Name) *(Organization)*

hereby recognize that _____ is no longer participating in our
(Former New Member)

New Member Education Program as of _____. Therefore, he/she will not
(Date)

become a member of our organization this semester, and loses all rights associated with membership.

Please take his/her name off any lists regarding New Member Education Program activities. In

addition, please note that the student and/or his/her actions are no longer affiliated with our

organization. An explanation for why the student is discontinuing the process is:

President's Signature

Date

New Member Educator's Signature

Date

Associate Director of Campus Life Signature

Date

OFFICE USE ONLY:	
Emailed: _____	Exit Interview: _____