

CSCOP Profile Form

Name _____ Major/Minor _____

Classification _____ Graduation Date _____ Detachment _____

University _____ Chapter/Squadron _____ Phone _____

Detachment Address _____

School Address _____

Permanent Address _____

Email Address _____ AIM Screen name _____

Years in AAS/SW _____ Term of Office Ends: _____

PAS _____ Squadron/Chapter Advisor _____

Squadron CC _____ SW President _____

Squadron Size _____ Chapter Size _____

Campus Honors/Activities:

AAS/SW Offices:

AAS/SW Honors/Activities/Etc.:

Expected Course Load: *Fall* _____ *Spring* _____ Work Hours (if applicable): _____

Future Plans/Hobbies/Interesting Facts:

Do you plan to run for ARCOP? _____

Assistance needed from ARCOP:

COP FORM **Send 1 copy to ARCOP**
JULY 2005
ELECTRONIC FACSIMILE AUTHORIZED