

Illinois Wesleyan University
Scheduling Information Sheet
Registered Student Organization

Identification:

First Name: _____ Last Name: _____

Position Title: _____

Campus Net ID: _____

IWU Email Address: _____

Campus/Community Address _____

Campus Phone #: _____ Cell Phone #: _____

Organization:

Name of organization: _____

Organization website: _____

Organization advisor: _____

Sign in:

Desired password: _____

(You can change your password once you log in)

Campus Scheduling Resource 25 Log-in Information

User Name: _____ Password: _____