APPLICATION FOR NEW STUDENT ORGANIZATION

Application for approval of a: ____ NEW organization ____ REACTIVATED organization

This application for recognition will be reviewed by the Student Government Association and if all conditions have been met, it will be recommended to the Coordinator of Student Activities and Associate Vice President for Student Services for approval. Return this application to the Coordinator of Student Activities. Use other side of the page if more space is needed.

Date: _____

Name of proposed organization: _____

Purpose statement:

_____

_____

_____

_____

Proposed activity schedule and proposed fundraisers:

_____

_____

_____

_____

Signatures of at least ten (10) students who desire to form this organization:

Name of faculty or administrative advisor(s): _____

For Reactivation Only:

Please state the reason the organization became inactive: _____

_____

_____

Attach a budget and constitution for the proposed organization to this form. If you have any questions please contact the Coordinator of Student Activities at ext. 509.

_____ _____

Advisor of Proposed Organization Temporary President of Proposed Organization

Approvals:

_____ _____

Student Government President Date Coordinator of Student Activities Date

_____

Vice President for Student Services Date

Updated: June 2019