

# 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:

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Proposed activity schedule and proposed fundraisers:

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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: \_\_\_\_\_

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*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