APPLICATION FOR RECOGNITION AS A STUDENT ORGANIZATION

NAME OF ORGANIZATION			
TYPE OF ORGANIZATION: (check)	Professional/Departmental		Activity
		Religious	
		Sports	Mutual Interest
		,	
DATE OF APPLICATION			
FACULTY/STAFF ADVISOR			
CAMPUS EXTENSION:	EMAIL:		
PRESIDENT			
EMAIL ADDRESS			
VICE PRESIDENT			
EMAIL ADDRESS		PHONE	
SECRETARY			
EMAIL ADDRESS		PHONE	
TREASURER			
EMAIL ADDRESS		PHONE	
SGA REPRESENTATIVE			
EMAIL ADDRESS		PHONE	
HAS THIS GROUP PREVIOUSLY APPL ORGANIZATION?	IED FOR RECO	GNITION AS A STUI	DENT
YESNO IF YES, W	VHEN?		
SIGNATURES OF ALL ADVISORS ANI	D OFFICERS LIS	STED ABOVE:	
Accompanying this form should be (1) A signa and (2) A copy of the Charter or Constitution		•	•
Approved By:		_ Date:	
Director of Student Activities			
Approved By:		_ Date:	
LIEAD OF VIDUANTS			