



**REQUEST TO ORGANIZE**  
**(Charter Approval for Proposed Student Organization)**

Name of Proposed Student Organization:

Location - On Campus:

Location - Off Campus:

Meeting Date:  Time:  Place:

*President:*

Name:   
Address:   
Phone: (cell)  (email)

*Vice President:*

Name:   
Address:   
Phone: (cell)  (email)

*Secretary:*

Name:   
Address:   
Phone: (cell)  (email)

*Treasurer:*

Name:   
Address:   
Phone: (cell)  (email)

*Faculty/Staff Advisor:*

Name:   
Office:   
Phone: (cell)  (email)

*(Continued)*

Projects/Activities Planned for the Current Year:

This Organization Currently Consists of  Members\*.

----- **(To Be Completed by the Student Life Office)** -----

***Checklist of Completed Procedures for Charter Approval:***

	<b>Check:</b>
Proposed Name of the Student Organization	_____
Purpose and/or Goals of Proposed Group	_____
List of Prospective Members (names, student I.D. #s)	_____
Proposed Meeting Date, Times and Location	_____
Met with Director of Student Life for Initial Permission to Proceed	_____

***Signature Approval of Charter:***

\_\_\_\_\_ Date \_\_\_\_\_  
Assistant Director of Student Life

\_\_\_\_\_ Date \_\_\_\_\_  
Assistant Vice Chancellor for Student Affairs

\_\_\_\_\_ Date \_\_\_\_\_  
Vice Chancellor for Academic & Student Affairs

Date Effective: \_\_\_\_\_

***\* List of Prospective Members (names, student #s) must be attached to this form.***