



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:

	Check:
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:

Assistant Director of Student Life	Date
Director of Student Life/Support	Date
Assistant Vice Chancellor for Student Affairs	Date
Vice Chancellor for Academic & Student Affairs	Date
Date Effective: _____	

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