



Student Organization Interest Request

Please return to the
Office of Greek Life and Student Involvement

Date: _____

Official Name of Organization: _____

Summary of Student Organization: _____

INFORMATION NEEDED TO APPLY FOR RECOGNITION THROUGH THE STUDENT ASSEMBLY (please attach to this form for request):

Proposed Constitution: _____

Mission Statement: _____

Current Roster of Membership: _____

ADDITIONAL INFORMATION:

Advisor Name: _____

Advisor Email: _____ Phone: _____

Student Contact: _____ Box #: _____

Student Email: _____ Phone: _____

Meeting Date, Time & Place: _____

Organization Web site (Local and/or National): _____

For Office Use Only:

Student Assembly date: _____ Approved date: _____ Notified date: _____