



Application for Student Organizations

Name of Organization: _____

Date: _____

Purpose: (Specify how the purpose of the organization correlates to AOMA's mission of "Transforming Lives and Communities through Graduate Education in Oriental Medicine.")

Identify a faculty/staff member as club sponsor ().

Faculty/Staff Co-sponsor: _____

Phone Number: _____ Email: _____

Membership: (All groups must have at least three members and one of those members must be identified as the head of the organization. The head of the organization will also be the group's main contact with the AOMA administration.)

Head of Group (Member 1): _____

Phone Number: _____ Email: _____

Member 2: _____

Phone Number: _____ Email: _____

Member 3: _____

Phone Number: _____ Email: _____

Guidelines for membership: (E.g. how are students informed about this group? Who can become a member? For how long will students be members? AOMA strongly encourages student organizations to be inclusive of the entire student body.)

Activities of the Organization: (E.g. How often will the group meet and for what purpose? In what activities will group members engage? Please specify any desired use of school resources (including property) or involvement of school staff.)

I _____ (head of organization)
have read and agree to the “Guidelines for Establishing a Student
Organization at AOMA,” the “Rights of Student Organizations,” the
“Responsibilities of Student Organizations,” and the most current version of
the AOMA Student Manual.

Signature

Date

For Administration Use Only:

☐

Approved

☐

Denied

Signature of AOMA Staff Member

Date