



STUDENT ORGANIZATION PROVISIONAL CHARTER APPLICATION

This Provisional Charter Application will be reviewed by the Activities Budget/Chartering Committee (ABCC) of Student Senate during the months of October and November only. **After submitting this application, please do not do anything further (recruitment, marketing, etc.) until you receive a written response from the ABCC and Student Senate indicating your permission to do so.** Please refer to the Student Organization Manual for information on the complete chartering process.

GENERAL INFORMATION:

Name of *Potential* Organization: _____

Name of *Potential* President: _____

Email Address: _____

Campus Box #: _____ Phone #: _____

Name of *Potential* Advisor: _____

Email Address: _____

Campus Address: _____ Phone #: _____

When will elections be held for officers? _____

How will officers be elected? (elections, appointment, etc.) _____

Have you applied for funding in the past? _____ Do you plan to do so in the future? _____

POTENTIAL MEMBERSHIP INFORMATION:

Total expected membership number: _____

Anticipated time period for new members to join: _____

Will membership be open or specific? (auditions required, GPA of 3.5, etc.) _____

Will your members to pay dues? _____ If so, how much per year? _____

POTENTIAL ASSOCIATION INFORMATION:

Does your *potential* organization belong to a local, state, or national association? _____

If yes, please also complete the following:

Association Title: _____

Association Contact: _____

Email Address: _____ Phone #: _____

Address: _____

POTENTIAL MEETING INFORMATION:

Day: _____ Time: _____ Location: _____ Open to: _____

How often do you plan to meet? (weekly, bi-monthly, etc.) _____



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POTENTIAL MISSION OF ORGANIZATION:

Please ensure that your organizational mission statement is compatible with the goals and objectives of the Ashland University Mission Statement. Print the *potential* mission statement below:

PROGRAMMING INFORMATION:

Describe the organization's *potential* programming ideas in connection with your mission.

QUESTIONS?

Please contact the Department of Student Life at extension x5325. Thank you!

FOR OFFICE USE ONLY

Received in Office: _____

Student Senate Recommendation: _____

ABCC Recommendation: _____

Organization Notified: _____

NOTES: