

**STUDENT ORGANIZATION
RECOGNITION APPLICATION FORM
University of South Dakota
2013-2014**

Please type or clearly print all information. Thank you.

Organization Name: _____

Student Contact Person: _____

University Address: _____

University Phone Number: _____

University E-mail _____

University Advisor: _____

University Address: _____

University Phone Number: _____

University E-mail _____

Interested Student: (Five signatures are required)

Name (printed):

Signature:

Contact Person

Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

This form must be returned with a copy of the Organization Constitution within thirty (30) days to Student Services, Muenster University Center 219.