



**Recognized Organization Application Form**  
*Please return to the director of student programs in the Freshman Center*

Thank you for your interest in forming a recognized organization at the University of Arkansas - Fort Smith! Student organizations are vital to the purpose and values of the University. Please think carefully about the answers submitted below. By submitting the information as outlined, you are requesting to be considered as a Recognized Organization by the University.

**Proposed Organization Name** \_\_\_\_\_

**Today's Date (MM/DD/YY)** \_\_\_\_\_

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**Please answer the following on a separate sheet. Answers must be typed. The name of the proposed organization should be included in the top right-hand corner of each page.**

1. What is the purpose of the organization?
2. What are the proposed activities/events of the organization?
3. What needs are not being met by other recognized student organizations that this organization will meet?
4. Why should this organization be considered for Recognized Organization status?
5. What is your anticipated attendance?
6. How often will the group meet?
7. Will membership will be open? If not, by what process will members be selected, i.e. interview, application, etc.? If not an open organization, at what time of year will members be selected?

I certify that I have read the most recent copy of the Student Organization Handbook and understand the attributes, expectations and process by which my group may become an organization.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Pipeline E-mail Address

<b>For Student Activities Use Only</b>	
Review date: _____	
Reviewer: _____	Accept/Reject