

APPLICATION FOR PERMANENT RECOGNITION
AS A STUDENT ORGANIZATION
University of Wisconsin - Stevens Point

STUDENT ORGANIZATION OFFICER/ADVISOR INFORMATION

Date Submitted: _____ *On-Campus* Mailing Address: _____

Organization Name	Phone #	E-mail Address
President: _____		
Vice-President: _____		
Secretary: _____		
Treasurer: _____		
Web Weaver: _____		

Please use reverse side for additional officers and the position each holds along with addresses and phone numbers.

FACULTY ADVISOR: _____ DEPARTMENT: _____

CAMPUS ADDRESS: _____ PHONE #: _____

2ND FACULTY ADVISOR: _____ DEPARTMENT: _____

CAMPUS ADDRESS: _____ PHONE #: _____

Date of Next Election: _____

Number of Members Anticipated for 1st Semester: _____ 2nd Semester: _____

FOR STUDENT INVOLVEMENT AND EMPLOYMENT OFFICE USE ONLY:

Application Received By: _____

Materials Received (Date): _____

Reviewed by Student Involvement & Employment Office (Date): _____

Action Taken: _____

Letter of Formal Recognition Sent (Date): _____

(Copy of letter to Chair of the Policy and Advisory Committee for Student Organizations, organization advisor,
Conference & Reservations, Payment Services, Student Involvement and Employment Office file.)