INTENT TO ORGANIZE STUDENT ORGANIZATION

The Leadership Development & Student Activities Office would like your interest group to complete this form to formally begin your new student organization application process. Please print neatly!

Name of Organization:				
Interest Group Contact I	nformation			
Name	Office Held	MSC #	Phone #	Class Year
Advisor Information:	Name:			
	Phone Number:			
	MSC Number:			
	Email Address:			
Organization Description	ution, its purpose/objectives, and whom organization	mamharshin is a	nnan to	
Emer a description of your organize	mon, us purpose/objectives, and whom organization	membership is o	pen w.	
Have you completed your new organization Constitution?		YES	NO	
Is the new Constitution attached to this form?		YES	NO	
Is a list of interested members attached to this form?		YES	NO	
If approved, would you like	YES	NO		
Group Contact Signature			Date of Application	
New Advisor Signature			Date of Application	