APPLICATION OF INTENT TO ESTABLISH AN INTEREST GROUP

Name of Organization: ____________________________________________________________

Purpose of Organization: _________________________________________________________

Name of Members (list at least one):

Name: ___________________________ Phone: ___________ Email: ________________

Name: ___________________________ Phone: ___________ Email: ________________

Name: ___________________________ Phone: ___________ Email: ________________

I have read and understand the Policy Statement on University Recognition of Student Organizations and Interest Groups and I agree to abide by the policies and regulations of Salem State College governing student organizations.

Signature of Organization Leader  Print Name  Date

Signature of Advisor  Print Name  Date

-------------------------------Student Involvement Office Use Only-------------------------------

Interim Recognition Status Granted From ________________ To ________________.

Approved: ___________________________  Date

Student Involvement Designee

Official Recognition Status Granted As Of ________________.

Approved: ___________________________  Date

Student Involvement Designee

cc:  Student Organization Leader
     Advisor
     Director of Student Involvement and Activities
     Student Government Association

Salem STATE UNIVERSITY