APPLICATION OF INTENT TO ESTABLISH A UNIVERSITY ORGANIZATION

Name of Organization: ______________________________________________________________

Purpose of Organization: __________________________________________________________

Name of Members (list five):

Name: __________________________ Phone: ___________ Email: _________________

Name: __________________________ Phone: ___________ Email: _________________

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: ___________________________  __________________
                Student Involvement Designee                      Date

Official Recognition Status Granted As Of _________________ .

Approved: ___________________________  __________________
                Student Involvement Designee                      Date

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