

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: _____
 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

