

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

