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

Salem State University