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.

_________________________________________  Print Name  Date

Signature of Organization Leader

_________________________________________  Print Name  Date

Signature of Advisor

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