

Student Organization Registration Form

Date of Request _____

Proposed Name of Organization _____

Proposed Objective of Organization

Organization Classification (select ONE):

Academic Honorary Special Interest Recreational
 Religious Professional Greek

Names and Signatures of Student Members

Name	Student ID #	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Student Contact

_____	_____	_____	_____	_____
Name	ID #	Phone	WC Email	Mailbox #

Primary Advisor

_____	_____	_____	_____	_____
Name	Signature	Phone	WC Email	Department