New Student Organization Application for Registration

Section 1

Name of Organization:_____
President:_____
President E-mail:_____
President Cell:_____
President Student ID number:_____
Faculty Advisor:_____
Faculty Advisor E-mail:_____
Faculty Advisor Phone:_____
Faculty Advisor Office Location:_____

Section 2

We affirm that this organization will abide by all university, local, state, and federal policies, regulations and laws.
President Signature:_____

Advisor Signature:_____

Section 3

The student organization constitution is attached and a meeting with Traci Leverett, Coordinator of Student Involvement and Leadership (tleverett@troy.edu or 334-670-3049), has been set to review the constitution and packet.
YES_____ NO_____

Section 4

Within three months of the establishment of this organization, the group will have completed the following two projects:
1._____
2._____

Section 5

The following students are interested in forming this organization.

Student Name	Student Signature	Student ID Number