STUDENT ORGANIZATION APPLICATION FOR COLLEGE RECOGNITION

• All application materials must be legible.
• The advisor must be a full-time employee of Augustana.
• If the organization chooses to have a constitution, it must be approved by SPC. A constitution is not required for recognition.

Today’s Date: ________________

Official Name of Organization: ____________________________________________

Advisor: ___________________________ Phone: ________________________________

Department: ________________________________

Student Contact Person: ___________________ Phone: __________________________

Campus Box #: ________________________________

Indicate the type of organization by placing an X next to the description which most characterizes the group.

___ Athletic  ___ Broadcasting/Publications  ___ Department  ___ Governing
___ Honorary Society  ___ Performing Arts  ___ Programming
___ Recreational  ___ Religious  ___ Social  ___ Social Awareness

Explain the purpose of the organization:

Membership Composition:
(Indicate the number of members the organization plans to have and faculty member involvement if such will exist.)

Please list the names of 10 individuals interested in being members of the organization should it receive recognition.

1. ____________________________________ 2. ____________________________________
3. ____________________________________ 4. ____________________________________
5. ____________________________________ 6. ____________________________________
7. ____________________________________ 8. ____________________________________
9. ____________________________________ 10. ________________________________
President or Student Contact Person: ________________________________

Box: ________________ Phone: __________________

Vice-President: ________________________________

Box: ________________ Phone: ________________

Secretary: ________________________________

Box: ________________ Phone: ________________

Treasurer: ________________________________

Box: ________________ Phone: ________________

Membership Requirements:
(Indicate if there are any qualifications necessary to be a member of the organization.)

Election Date of Officers:

Activities:
(List and describe the major activities, services, and programs the organization will sponsor.)

Financial Obligations:
(Please describe the financial status of the organization.)

Return application materials to the Dean of Students Office, Founders 104.