

STUDENT ORGANIZATION FACT SHEET

Date Submitted: _____

The Office of Student Services/Student Activities uses this information to inform students who are interested in learning about available student organizations on campus. Please be as complete as possible and **type or print neatly**.

Name of Student Organization: _____

1. What is the mission of your organization? _____

2. Please describe the projects and programs you have done in the past and/or plan to do this school year:

3. Meeting times and Locations: _____

Contact Person _____ Phone: _____ E-Mail: _____

4. Who is targeted for membership? _____

5. List any dues or other financial obligations required of members: _____

6. Does your group require an application and/or interview for membership? If so, please check:
 Application Interview

Please attach a sample application.
When are applications available? _____ Where? _____

7. If your organization is affiliated with a national or regional association, please list the title of the Association:

National/Regional Contact Person: _____

Address: _____
Street City State Zip

Phone: _____ E-Mail: _____

*Please attach a list of at least 15 members (names of membership will not be released if students have signed "the Right to Privacy" form through the Registrar's Office.)