

Student Organization Request to Charter/Re-Charter

PLEASE PRINT CLEARLY

Semester of Application Fall Spring School Year _____

Name of Club _____

Meeting Information:

Day of the week: M T W Th F Time: _____ Location: _____

Off-Campus Affiliations (if any) _____

Inter-Club Council: Does your club wish to participate as a member of ICC*? ___ Yes ___ No

*Membership in ICC is not required to charter, however only ICC members can request ICC funds and other resources.

List of Officers

	Name	Student ID#	Phone	Email	Signature
Officer					
Officer					
Officer					
Officer					
ICC Rep*					

Note: ALL Club Officers must have a 2.0 Cumulative GPA.

* It is imperative that the ICC Rep. is able to attend the weekly meetings. Attendance at ICC meetings determines the club's eligibility to request funding from ICC.

Advisor Information

Advisor Name _____

Advisor's Signature _____

Department & Office Room # _____ Phone Ext. _____

(Optional) Co-Advisor Name _____

Co-Advisor's Signature _____

Department & Office Room # _____ Phone Ext. _____