Middle Georgia State University Application for Official Recognition of New Student Organization

Completed form should be submitted <u>via email</u> to corey.guyton@mga.edu, Director of Student Engagement. This is a fillable form. Please type all information directly in the spaces below. Do not exceed space provided.

Name of proposed student organ	ization:		
Give brief purpose/mission state	ment of this organization:		
(This explanation of why this organization on campus and why this organization is n		nust demonstrate why such an organization would be desire nization to fulfill the stated purpose.)	able
Define qualifications for member	ship:		
Define any fees, dues, or other re	quirements for membership:		
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Describe the officer/leadership st	ructure:		
Describe the time and manner of	officer election:		
List/describe any extra-curricular	affiliation (for example, a nation	nal, state, or local organization):	
Recommended Faculty/Staff Advi	sor(s):		
Name:	Ph#: Ph#:	Email:	
Name:	PII#.	Email:	
Spokesperson(s) for this organiza	tion during the recognition proc	ess:	
Name:	Ph#:	Email:	
Name:	Ph#:	Email:	
Attached to this application are t	he following documents:		
Advisor Intent Forms for Proposed Constitution	r the recommended advisor(s) I for this organization	isted above.	

_Date:_____

Application received by Office of Student Engagement:_____

Application reviewed by SGA or committee thereof:		
	Date	
ACTION TAKEN:		
RECOMMEND FOR APPROVAL AS OFFICIAL RSO		
NOT RECOMMENDED FOR APPROVAL FOR REASON STATED BELOW		
ACTION REVIEWED BY DIRECTOR OF STUDENT ENGAGEMENT:		Date
APPROVED		
NOT APPROVED FOR REASON(S) STATED BELOW		
Copies of executed form distributed as indicated below by		 Date
		Date

Distribution:

Original: Director of Student Engagement

- c: SACT Budget Manager (Linda Foskey @ linda.foskey@mga.edu)
- c: Spokesperson for organization during the recognition process as listed on page 1 of this form
- c: Recommended Advisors as listed on page 1 of this form