



Potential Recognized Student Organization Form

To be filled out prior to meeting with the Program Administrator for Campus Engagement.

Organization Name:

Will you be affiliating your organization with a national organization?

Yes or No

If yes please indicate the organization's name here:

If yes please include the link to their website here:

What is the purpose of this organization?

Primary Student Contact Name:

Primary Student Contact Email:

Secondary Student Contact Name:

Secondary Student Contact Email:

Advisor Name:

Advisor Email:

FOR STUDENT INVOLVEMENT USE ONLY

First Meeting Date: Meeting with:

Membership Roster submitted on: Advisor Consent Form submitted on:

Constitution Approved: Risk Management Plan Approved:

Presentation to RSO Committee: Approved by RSO Committee:

The undersigned designee of the Vice Chancellor of Student Affairs Office has approved this organization on the (date) of (month), (year).

Signed:

Printed Name: