

New Student Organization Proposal

You must submit a completed copy of this form to the Office of Student Engagement. Once approved, you will need to complete the Student Organization Registration Form.

Organization Name

- My Name _____ Email _____ Cell _____
- The proposed organization will support and enhance the mission and purpose of the institution by one or more of the following ways:
 1. Develop the personal empowerment of those participating
 2. Develop academic/career competency of those involved
 3. Develop social/civil responsibility of those involved
 4. Continue to improve the effectiveness of the university community

Briefly describe how it will achieve one or more of the above objectives:

- I have scheduled a meeting with a Student Leadership Consultant to review this form
- I have a roster of at least 3 full-time enrolled students that will found this organization
- I have obtained agreement of a faculty or staff member to serve as the organization's advisor (**Advisor's name** _____ **Email** _____)
- I agree to serve as the advisor for the organization identified above for the current academic year. I agree to attend at least one of the organization's meetings each month and participate in advisor training. **Signature:** _____ **Date** _____
- The Founders and I have created a constitution under which the organization will operate and it has been attached to this form.
- The constitution will be approved and signed by a majority of the chartering students on the following date _____
- If my organization is affiliated with a local/national/international organization, I have submitted documentation to the Office of Student Engagement that recognizes our affiliation and identifies a point of contact.
- If my organization is a Fraternity/Sorority organization as defined by the University of North Alabama, I have submitted all documentation to the Office of Fraternity and Sorority Life and am in good-standing to begin this organization.
- Signature of person submitting this form _____ Date _____
- SLC Name _____ Date Reviewed _____ SLC Initial _____

Office Use Only (Initial & Date)		
FSL	DSE	Admin