

Student Organization Application Form

Name of Organization: _____

Purpose of Organization: _____

Contact Information

Student Coordinator

Name: _____

Campus Mailbox: _____

E-mail: _____

Mobile Phone: _____

Faculty/Staff Advisor

Name: _____

Department: _____

Campus Mailbox: _____

E-mail: _____

Campus Phone: _____

Membership Information

Names and Campus Mailbox numbers of registered students interested in this organization (Must have at least 5 students interested)

Name: _____ Mailbox: _____

Name: _____ Mailbox: _____

Name: _____ Mailbox: _____

Name: _____ Mailbox: _____

Name: _____ Mailbox: _____

Please provide the following accompanying documents

- Constitution
- Statement on how organization meets a need not currently being met by another organization and contributes to the overall education mission of the university
- Statement on how group will be financed (if applicable)
- List of intended activities

We request permission to organize for the purpose of becoming an officially registered student organization at Bluffton University.

Student Coordinator Signature

Date

Faculty/Staff Advisor Signature

Date

*Submit application and accompanying documents to the Director of University Event Complex,
Marbeck Mailbox 7*