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.

__________________________________________ Date
Student Coordinator Signature

__________________________________________ Date
Faculty/Staff Advisor Signature

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