Student Organization Application Form

Name of Organization: 

Purpose of Organization: 

Contact Information

Student Coordinator
Name: 
Campus Mailbox: 
E-mail: 
Campus Phone: 
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 Marbeck Center, Marbeck Mailbox 7