

# WRIGHT STATE UNIVERSITY – LAKE CAMPUS

## Student Organization Registration Application

This form must be completed by two student organization representatives and their full-time faculty/staff advisor(s) by the end of the second week of Fall Quarter/Semester classes [Friday at 11pm].

Please submit the completed form to the Student Organization/Activities Coordinator in 237 Dwyer, via campus mail, or via email [candace.phlipot@wright.edu](mailto:candace.phlipot@wright.edu).

Name of Organization: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Regular Meeting Times: \_\_\_\_\_

Please indicate monthly, weekly, as needed, etc. and the typical meeting days/times, if known.

Estimated # of Members: \_\_\_\_\_ Additional Notes: \_\_\_\_\_

*We, the undersigned, have read and do hereby agree to assume the responsibility of ensuring the organization abides by the attached guidelines and regulations:*

Advisor Name [printed]:

\_\_\_\_\_

Advisor Name [printed]:

\_\_\_\_\_

Advisor Signature:

\_\_\_\_\_

Advisor Signature:

\_\_\_\_\_

Student Name [printed]:

\_\_\_\_\_

Student Name [printed]:

\_\_\_\_\_

Student Signature:

\_\_\_\_\_

Student Signature:

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### Office Use Only:

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

Approve

Disapprove

Student Organization/Activities

Coordinator Signature: \_\_\_\_\_

Approve

Disapprove

Student Services Signature: \_\_\_\_\_

Approve

Disapprove

Dean/Associate Dean Signature: \_\_\_\_\_