

**Proposed Student Organization Application
Union University**

Name of Organization: _____

Purpose of Organization: _____

Organization Advisor (signature required): _____
(must be a full-time Union University faculty/staff member)

Membership Requirements, if any: _____

Summary of Activities: _____

Source of Financial Support: _____

Estimated Annual Budget: _____

Proposal Submitted By: _____

Date: _____

**RETURN COMPLETED APPLICATIONS, LIST OF OFFICERS AND PROPOSED
CONSTITUTION AND BYLAWS TO THE OFFICE OF THE DEAN OF STUDENTS**

Recommended by Dean of Students

Date: _____

Approved by Student Services Committee

Date: _____

Affirmed by SGA

Date: _____