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: ____________________