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 APPLICATION, LIST OF OFFICERS, AND PROPOSED CONSTITUTION AND BYLAWS TO THE OFFICE OF STUDENT LEADERSHIP AND ENGAGEMENT

Recommended by Director, Student Leadership and Engagement  Date: ________________

Approved by Safety and Student Life Committee  Date: ________________

Affirmed by SGA  Date: ________________