

# NEW STUDENT ORGANIZATION INTEREST FORM

Organization Name:

Organization Purpose:

## Ten signatures of support

*Please provide your name, signature, and ID# to indicate your support for the recognition of the above organization*

NAME:  
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## CONTACT INFORMATION

Contact Person:

Telephone #:

Email Address:

*The completion of this form grants temporary recognition status to our group for 30 days. Temporary status gives our group the opportunity to use the HUB and the SOC and its services for meetings and activities at no charge, and reduced rates where they apply. I understand that our group is responsible to abide by all university, federal and local laws and regulations. If our group has failed to complete the recognition process within 30 days, I understand that our temporary recognition status will be revoked.*

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date