

PETITION FOR STUDENT ACTIVITY

We the undersigned petition the Student Government Association for recognition as a student activity of Jefferson State Community College.

Proposed Name of Activity:
Participant Qualifications:
Purpose of the Activity:
Funding What is the proposed method of funding for the activity? AdmissionFundraising*Other*
*Explain:
If approved, the activity could be included in the list of campus organizations and activities in any relevant Jefferson State Community College publications. For publication purposes, describe your proposed activity in a few sentences.

Campus Interest

Attach a list of fifteen current Jefferson State Community College students (names and student numbers) who are interested in participating in this activity.

Contact Information

After consideration, the Student Government Association President will contact the person listed below to notify of the activity of its approval or denial. Please provide information for a contact person for the proposed activity.

Name:	
Address:	
Phone Number:	
Email Address:	
Faculty or Staff Advisor	
Name:	
Department/Building/Campus:	
Phone Number:	
Email Address:	
I affirm that I am a full-time faculty or staff member of Jefferson will serve as the advisor for the proposed activity.	State Community College and
Faculty/Staff Advisor Signature	Date
Approval/Denial	
After carefully reviewing the Petition for Recognition and all relecampus recognition for the proposed activity is	evant additional information,
Approved	
Denied (if denied, letter explaining purpose for de	enial is attached)
Student Government Association President	Date
Student Activities Coordinator	Date
Vice President for Student Affairs	

The students listed below are interested in being members of this proposed organization or participating in this proposed activity. Each individual listed below must be currently enrolled at Jefferson State Community College. For this petition to be considered, at least fifteen currently enrolled Jefferson State Community College students must sign below. Please use additional sheets if needed.

Signature of Student (at least fifteen)	Student Number
	 _
	-