



**PETITION FOR RECOGNITION AS A STUDENT ORGANIZATION**

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

Proposed Name of Organization: \_\_\_\_\_

\_\_\_\_\_

Membership Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of the Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Structure

List the names and titles of the proposed organization's leadership (President, Vice-President, etcetera).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funding

What is the proposed method of funding for the organization?

\_\_\_\_\_ Regular Dues

\_\_\_\_\_ Fundraising\*

\_\_\_\_\_ Other\*

\*Explain: \_\_\_\_\_

\_\_\_\_\_

If approved, the organization could be included in the list of campus organizations in any relevant Jefferson State Community College publications. For publication purposes, describe your proposed organization in a few sentences.

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Contact Information

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Membership

Complete the attached list with at least fifteen charter members and their student numbers. The student number will be used to ensure that each student is currently enrolled at Jefferson State Community College.

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 State Community College and will serve as the advisor for the proposed organization.

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Faculty/Staff Advisor Signature

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Date

Student Government Association recognition is required for all organizations.

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Student Government Association

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Date

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Vice President for Student Affairs

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Date

