

# New Student Organization Request Form

Approved

Disapproved

## Forming a New Student Club/Organization:

Temple College sponsors an activity in which a number of clubs/organizations of different types are maintained for student participation. It is the objective of this institution to provide an activity suited to the needs of every student on campus.

All student clubs/organizations are responsible directly to the college and are organized and exist only with written permission of the administration through the Director of Student Life. The leaders proposing the new club/organization must confer with the Director of Student Life and receive administrative approval before any action is taken or students contacted on campus. The following criteria will determine approval.

1. The mission and objectives of the club/organization be compatible with and contribute to the objectives of Temple College?

Mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will the function of any existing club/organization be duplicated?

Yes ( )                      No ( )

3. Will the need and desire of students be sufficient to maintain a strong organization? (Four or more charter members are required to form a club/organization and to remain active)

Yes ( )                      No ( )

### Sponsorship:

I have been contacted regarding the sponsorship of:

\_\_\_\_\_  
Name of Club/Organization

The function and operation of the club/organization has been explained to me in that: the duties of sponsors shall be those of an advisory capacity. They shall provide guidance to the operation of the club/organization and shall establish and maintain good relations with the administration of Temple College. In view of this, I understand my responsibilities and obligations to the club/organization and to Temple College.

It is with consideration of the above mentioned that I agree to serve as sponsor for

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Student Life

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Division Director of Student Enrollment Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President of Educational Services

\_\_\_\_\_  
Date

# Officer Update Form Registered Student Organization

*\* indicated required fields*

According to the Student Code, a registered student organization is responsible to update the Student Life office of any changes in officers. It is recommended that this is done within ten (10) college working days from the day in which the change occurs. Please be aware that completing this form is an acknowledgment of release of contact name(s) and phone numbers(s) for inquiry of activities related to your organization. Inquiries may be requested by phone, printed material, or website, etc.

Complete and submit to the Student Life office, Arnold Student Center, Room 822. For questions call (254) 298-8309

\*Student Organization's Name \_\_\_\_\_  
(No acronyms)

Please complete the following by typing or printing clearly. If additional space is needed, please follow the same format on a separate sheet of paper.

## President: (required)

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_  
(First) (Last)

\*Local Address: \_\_\_\_\_

\*Local Phone Number: \_\_\_\_\_ \*Summer Phone Number: \_\_\_\_\_

\*Summer Address \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

## Vice-President: (required)

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_  
(First) (Last)

\*Local Address: \_\_\_\_\_

\*Local phone Number: \_\_\_\_\_ \*Summer Phone Number: \_\_\_\_\_

\*Summer Address: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**Secretary: (required)**

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_  
(First) (Last)

\*Local Address: \_\_\_\_\_

\*Local Phone Number: \_\_\_\_\_ \*Summer Phone Number: \_\_\_\_\_

\*Summer Address \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**Sponsor: (required)**

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_  
(First) (Last)

\*Local Address: \_\_\_\_\_

\*Local phone Number: \_\_\_\_\_ \*Summer Phone Number: \_\_\_\_\_

\*Summer Address: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_