WRIGHT STATE UNIVERSITY – LAKE CAMPUS Student Organization Registration Application

This form must be completed by two student organization representatives and their Faculty/Staff advisor(s) [minimum of one required] by the end of the second week of Fall Semester classes for existing organizations and second week of Spring Semester for new organizations (Saturday, 5pm) each academic year. Organizations which have not completed the registration application by deadline will be ineligible for funding. Submit the completed form to the Student Activities Coordinator - 219 Dwyer, via campus mail through the Front Desk, or via email to candace.phlipot@wright.edu. Please plan in advance according to campus operating hours.

Name of Organiza	tion:		
		indicate monthly, weekly, as needed, etc. and the typical meeting days/times, i	if known.
Estimated # of Active Members:			
	ed, have read and do hereby ag Campus Student Organization	ee to assume the responsibility of ensuring the organization abiopolicies/guidelines:	les by
Advisor Name(s)	- minimum of 1 required:		
(please print)	*required*	(signature)	
(please print)	*optional*	(signature)	
STUDENT POSIT	TIONS:		
(President - Name)	*required*	(Treasurer - Name) *required*	
(Vice President - Name)	*recommended*	(Secretary - Name) *recommended*	
(Other:)	(Other:	
Office Use Only:			
Date Received/Initials	::	Notes:	
☐ Approve	Disapprove	Student Activities Coordinator Signature:	
Approve	Disapprove	Student Services Director Signature:	
☐ Approve	Disapprove	Dean/Associate Dean Signature:	