Approved Student Organization or Student Interest Group
Governance Establishment and Organizational Structure

_____
Name of Organization or Interest Group

_____
Academic Year

_____
Advisors

Please list all officer names, addresses, and phone numbers below.

NAME	POSITION	LOCAL ADDRESS	TELEPHONE #	E-MAIL

1. Please provide a listing of activities and programs, including dates, your organization or group plans to sponsor for the upcoming academic year. Be specific.

2. What are your organization or group's short- and long-term goals for the upcoming academic year?

3. How will this group align with SRTC's Mission Statement or be academically affiliated?

4. How many active members do you anticipate in your organization or group?

5. Attach drafted by-laws.

To the best of my knowledge and my fellow officer's knowledge, all of the following statements are correct. The Organization or Interest Group's purposes and its activities are not in conflict with Southern Regional Technical College's purposes, mission, regulations and policies, or with State and/or Federal laws and regulations.

_____
Name of Requestor

_____ _____
Signature of requestor Date