

# **Student Club Application**

We in the Office of Graduate Programs are excited that you are interested in starting a club! In order to begin the process of officially recognizing your club or organization, we need to know as much about your group as possible. Please help us by completing all applicable items on this form, and be as specific and thorough as possible.					
Proposed Club Name	:				
Specific Purpose:					
Activites will include					
Will your club be trav					
Club Leadership: Please include the pr	oposed leadership of	<sup>:</sup> your club.			
Title	Name	Email	Telephone		

### **Club Application**

**Members** (must include a minimum of 10 potential members. These students do not need to commit to being in your club, but must indicate interest if contacted):

Name	Email Address	ID Number	Telephone

#### **Proposed Advisor(s) (Optional):**

Name	Department	Telephone	Email Address

### **Requirements for Membership:**

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Regul	ar Meetings (Check	cone):
	Daily	Semesterly
	Weekly	Annually
	Monthly	Other
Pleas	e compose answers	s to the following questions in essay form:
Benef	it to the University a	nd Students:
1)	and how will the ca	ring of this organization contribute to the mission of the LSB mpus community benefit from its existence? How will members it from their involvement?
Goals	and Outcomes:	
2)	<u> </u>	of this organization? What specific accomplishments or outcomes on hope to achieve? How will you measure your success?
Vision	and Longevity:	
3)	If approved, how wi your graduation?	ill you ensure that this organization will exist and thrive long after
	tudent club describ nt club of Santa Cla	ed hereby applies for approval as an officially recognized ara University.
Electr	onic Signature	<del></del>