

Castleton State College
Application for Temporary Recognition of Student Organization

Please Print

Date of Application _____

Name or Organization _____
(The name of your organization should clearly verify the purpose of your group. This will be used for publicity purposes.)

Name or Contact Person _____
(Must be a full-time student in good academic standing.)

Year of graduation _____ Campus Box # _____ Telephone # _____
(Please note that you will also be contacted via your GroupWise e-mail.)

Purpose of Organization:
(Please be as specific as possible when describing your organization. This will be used for publicity purposes.)

Interested Students: _____

Advisor (if known):
(Club sports are required to have an advisor; all other organizations are strongly encouraged to do so.)

Name: _____

Department: _____

Approval: _____ Assistant Dean for Campus Life) Date: _____ Expiration Date: _____
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