

PETITION FOR RECOGNITION

COUNCIL ON STUDENT ORGANIZATIONS

Date Submitted: _____

Name of Organization: _____

Main Contact Person for Group: _____

Open Membership: YES NO

Membership Information: Names and signatures of 10 undergraduate students interested in forming the proposed organization.

NAME	SIGNATURE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL NUMBER OF MEMBERS:	

Faculty Advisor Name: _____ Signature: _____
