

## Recognized Student Organization Application

Proposed Organization Name: \_\_\_\_\_

Student Spokesperson: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty/Staff Advisor: \_\_\_\_\_ Ext. \_\_\_\_\_

( Administrative Consent has been obtained for Advisor: ☐ Yes ☐ No )**Name of Potential Members (*must have at least 10*):**

Name (Print)

Signature

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*All listed names must be full or part-time students at Waubonsee Community College*\_\_\_\_\_  
Signature Student Spokesperson\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Faculty/Staff Advisor\_\_\_\_\_  
Date