



## **Petition for Temporary Student Organization Status**

Name of Organization:		Date:
Purpose of Student Organization		
Classification of Organization: (C	heck All that Apply)	
<ul><li>☐ Academic / Educational</li><li>☐ Affiliated*</li><li>☐ Advocacy / Awareness</li><li>☐ Business</li></ul>	Community Service Cultural / Diversity Fine Arts Scientific	Social / Fun Spiritual / Religious Sports & Recreatio Other:
*If affiliated with a Local, State, National, or	International Organization, please fill o	ut section below:
Name & Address of Organizatio	n with which Affiliated:	
Purpose of Organization with w	hich Affiliated:	
<b>Current Number of Interested Stu</b>	idents (minimum of 3):	
Membership Qualifications, if any	<b>J</b> : (i.e. certain Major, certain GPA, Payı	ment of Dues, etc.)
Petitioner	Advisor	
Name:	Name:	
Address:	<del></del>	
City/State/Zip:		Position:
Email:		
Phone:		
Signature:		
NOTE: Please Fill out form and tu	rn in hardcopy to Joshua Steger in the <b>Offic</b> 09 of the Student Union OR email complete	e of Student
version to josnud.steger @mail.	wva.cuu	
Office Use Only Date Petition Rece	eived: Date of S	SOC Approval: