

NEW ORGANIZATION INTENT FORM

Organization Name: _____

Alternate name or abbreviation (optional): _____

Primary population served: undergraduate students graduate students

Organization category (select the one that best reflects the organizations focus):

- | | |
|--|--|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Language and Culture |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Political and Social Concerns |
| <input type="checkbox"/> Council/Advisory Groups | <input type="checkbox"/> Recreation and Sports |
| <input type="checkbox"/> Departmental/Academic Focus | <input type="checkbox"/> Religious and Spiritual |
| <input type="checkbox"/> Fraternities and Sororities | <input type="checkbox"/> Service and Advocacy |
| <input type="checkbox"/> Honoraries | <input type="checkbox"/> Sport Clubs |

Organization description: _____

SCSU student applicant name: _____

Student email: _____ Student phone: _____

Adviser name: _____

Primary advisor must be a full time faculty or staff member of St. Cloud State University.

Adviser email: _____ Adviser phone: _____

If you have additional advisors, please attach their information.

Minimum GPA required of officers: _____

Officers must maintain a minimum cumulative GPA of 2.0 or the GPA set by the organization, whichever is higher.

Organization website: _____

CSOLD provides all registered organizations with web space that will be maintained by your group, however, if your organization has a web site already or is affiliated with an organization that does, please list it here.

After submitting this form, the student contact listed will be contacted by the CSOLD office for a meeting to discuss the required steps to become a registered organization and to answer any questions.

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Date Received (office use only): _____