

Fill out the form below and Please Print Clearly

NAME/ORGANIZATION: _____

ORGANIZATION PRESIDENT: _____

ORGANIZATION ADVISOR: _____

ORGANIZATION CONTACT NUMBER: _____

ORGANIZATION PURPOSE:

WILL THE ORGANIZATION BE BENEFICIAL TO KENTUCKY STATE UNIVERSITY? YES NO
IF SO, HOW:

DATE REQUESTING TO SPEAK WITH SGA SENATE: _____

DO YOU HAVE A CONSTITUTION (IF SO PLEASE ATTACH FORM): YES NO

I AM POSITIVE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE STATE INFORMATION IS ACCURATE:

Organization President

Organization Advisor

OFFICE USE ONLY

Date Received: _____

SENATE PASSED _____

SENATE CHAIR SIGNATURE: _____

SENATE FAILED _____

PRESIDENT SIGNATURE: _____

PRESIDENT VETO YES NO