



New Organization     Renewal

Date received: \_\_\_\_\_

Campus: \_\_\_\_\_

**APPLICATION FOR STUDENT ORGANIZATIONS**  
**Student Services Department**

A. Name of Proposed Student Organization: \_\_\_\_\_

B. Statement of Purpose of Proposed Student Organization:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Requirements for Membership: Membership in WCCCD organizations is open to any currently enrolled student member of the District in good standing

D. Names of Proposed Officers (2.00 GPA required):

Name	Position	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Proposed frequency of meetings:  
 \_\_\_\_\_

F. Proposed theme for club activities (i.e., community service): \_\_\_\_\_  
 (Please enter activities on the Club Activity Calendar)

G. Please attach your proposed organizational logo.

H. Faculty/staff Advisor:

Name	District Position	Phone
_____	_____	_____

I, \_\_\_\_\_, an employee of Wayne County Community College District,  
 (Signature)  
 certify that I have read and agree with "The Role of a Student Organization Advisor" and I am willing to serve as campus advisor to the above-mentioned student organization and that this student organization agrees to abide by all applicable policies and regulations of the District.

**To initiate the process for establishment of the proposed student organization, the campus should submit the signed application to the District Student Services Office for final signatures.**

\_\_\_\_\_  
 Printed Name of Student Services Administrator

\_\_\_\_\_  
 Signature – Student Services Administrator / Date

\_\_\_\_\_  
 Printed Name of District Student Services Administrator

\_\_\_\_\_  
 Signature-District Student Services Administrator / Date

\_\_\_\_\_  
 Printed Name of Campus President

\_\_\_\_\_  
 Signature – Campus President / Date