faybrook

STUDENT INTEREST GROUP APPLICATION

Date of Application:

Proposed SIG Name:

Please attach a written proposal, clearly providing the following information:

- A. Purpose of the proposed interest group.
- B. Outline of goals and how they will be achieved.
- C. Describe the general membership or criteria for membership.
- D. Student Interest Group Mission Statement

Contact Person(s): The main contact should be the senior leader for the organization and should be listed first. The second two contacts are interested students in the organization that could also play in an officer role.

Main Contact:

| Name: | Program: |
|---------------|----------|
| School Email: | Phone: |

Interested Students:

| Name: | Program: |
|---------------|----------|
| School Email: | Phone: |
| Name: | Program: |
| School Email: | Phone: |

Faculty/Staff Advisor Contact Information

| Name: | Department: |
|-----------|-------------|
| SU Email: | Phone: |

Please note: any attached documents must be labeled with the group acronym_name of document_date created. Documents also should have the group name or acronym in the header. For example: SIG_Application_9.14.2022

Signatures and Release Authorization

All information listed on this application may be released to interested parties. As the primary leader of the organization, I affirm that I am a student at Saybrook University in good academic, financial, and disciplinary standing and will serve as the primary leader of this organization from ______ (month/year) to

(month/year). As the primary leader, I understand that I will be responsible for the collective conduct of members of this organization during organization activities. I also understand that it is my



responsibility to lead the organization according to the stipulations of this document, the organization's mission statement and constitution, and polices outlined in the Saybrook University Student Handbook.

| Signature of Student Leader: | Date: |
|---|-----------|
| Printed name of Student Leader: | |
| Signature of Advisor: | Date: |
| Printed Name of Advisor: | |
| Student Affairs Use | |
| Application submitted on: Feedback given to Organization on: | |
| Decision: | |
| Decision and Feedback given to Organization | ation on: |
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