Indiana Tech Student Life
Pre-Recognition of New Student Organization Application 14-15

Date: __________ Name of Proposed Organization: __________________________________________

*Name of organization may not contain “Indiana Tech.”

Type of Organization (Check one):

☐ Service  ☐ Social  ☐ Academic  ☐ (Other) _________________________________________________

Student Representative(s) initiating request  Phone Number  Email address

(1) __________________________________________  __________________________  __________________________

(2) __________________________________________  __________________________  __________________________

(3) __________________________________________  __________________________  __________________________

(4) __________________________________________  __________________________  __________________________

(5) __________________________________________  __________________________  __________________________

Faculty/Staff Advisor(s)  Extension  Email address

________________________________________  __________________________  __________________________

________________________________________  __________________________  __________________________

Purpose of the Organization (attach separate sheet if necessary):
_____________________________________________________________________________________

Is this organization affiliated with a national association? If so, which one?
_____________________________________________________________________________________

How will this organization support Indiana Tech’s mission (attach separate sheet if necessary)?
_____________________________________________________________________________________

In what types of activities will this organization engage (attach separate sheet if necessary)?
_____________________________________________________________________________________

_____________________________________________________________________________________

Signature: __________________________________________ Date: __________________________
Student Representative (Primary Contact with Student Life)

Signature: __________________________________________ Date: __________________________
Advisor

Signature: __________________________________________ Date: __________________________
Advisor

Signature: __________________________________________ Date: __________________________
Student Life Representative

*Turn this form into the Director of Student Life in Andorfer 243 or by email Agcheck@indianatech.edu.*

**During your six weeks of provisional recognition, your organization can work towards completing the Constitution and recruiting new members.**

*Advisor(s) should submit the Advisor Agreement Form for the current year with this form.*