

Indiana Tech Student Life

Pre-Recognition of New Student Organization Application

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: _____ Date: _____
Student Representative (Primary Contact with Student Life)

Signature: _____ Date: _____
Advisor

Signature: _____ Date: _____
Advisor

Signature: _____
Student Life Representative

*Turn this form into the Associate Director of Student Involvement in Andorfer 150 or by email
BABallard@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.