



## Student Organization Application and Signature From 2011-2012

*Effective thru August 31, 2012*

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Project ID Number: \_\_\_\_\_

School (please circle one): Health Professions    Dental    Graduate    Medicine    Nursing

\_\_\_\_\_  
Faculty Advisor's Name (please print)

\_\_\_\_\_  
Faculty Advisor's Signature

\_\_\_\_\_  
Faculty Advisor's Phone Number

\_\_\_\_\_  
Faculty Advisor's E-Mail Address

**NOTE:** A minimum of \$25.00 must be deposited to open a Student Organization Account. A minimum of **\$25.00 must remain in the account at all times** or the account will be frozen and you will not be able to use it for your events and fundraisers.

## Request for Authorization of Signature

### Authorized Officer #1

### Authorized Officer #2

Signature

Signature

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Position

Position

\_\_\_\_\_

\_\_\_\_\_

Phone Number

Phone Number

\_\_\_\_\_

\_\_\_\_\_

Home Address

Home Address

\_\_\_\_\_

\_\_\_\_\_