



Student Organizations – Intent to Organize

Proposed Name of Organization _____

Acting Chair _____

Local Mailing Address _____

City, State, Zip _____

Phone Number _____

BridgeValley Email Address _____

Faculty/Staff Advisor _____

Purpose/s of Organization _____

I understand that if given approval to proceed, the following privileges will be granted for a period of one semester, unless otherwise noted.

1. The right to reserve college facilities for the purpose of holding organizational meetings. (Contact the Director of Student Life for the appropriate form.)
2. The right to publicize organization meetings.
3. The right to invite membership.

Acting Chair

Date

Acting Advisor

Date

You will be notified within 3 business days if your request has been approved.

Ending date: _____

Director of Student Life

Date