



OFFICE OF STUDENT LIFE
CITRUS CAMPUS
CLUB/ORGANIZATION
CHARTER REQUEST

This form must be typed.

Name of student requesting club/organization: _____

Student telephone: _____ Student email: _____

Name of club/organization: _____

Purpose of club/organization: _____

How does club/organization plan to realize its purpose?
(meetings/activities/events/projects/service/etc.) Please be specific:

Semester club/organization will become active: Fall Spring

Advisor Name: _____

Email Address: (first seven letters of the advisor's last name and the first initial of first name) _____ @cf.edu

Email is the primary method of contact between the Office of Student Life and advisors. Forms, reminders, and updates will all be sent via email.

Telephone No.: _____

Advisor Signature

Date: MM/DD/YY

Date received in Office of Student Life: _____

Date: MM/DD/YY

Student Life Coordinator Signature

Date: MM/DD/YY

Manager, Student Affairs Signature

Date: MM/DD/YY

- The above club has satisfactorily completed charter requirements, and a charter for this organization is approved.
- The application for this club charter has been reviewed and is denied.