



COLLEGE of  
CENTRAL  
FLORIDA  
*-an equal opportunity college-*

OFFICE OF STUDENT LIFE  
LEVY CAMPUS  
CLUB/ORGANIZATION CHARTER REQUEST  
FORM

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:  
(Use additional sheet if necessary.)

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 Ext.: \_\_\_\_\_

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

Date received in Office of Student Life: \_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator - Enrollment Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean – Jack Wilkinson Levy Campus

\_\_\_\_\_  
Date

☐ 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.