

Date of Application: _____

TENNESSEE TECHNOLOGICAL UNIVERSITY
STUDENT ACTIVITIES AND CAMPUS LIFE
REQUEST FOR NEW STUDENT ORGANIZATION

Name of Organization: _____

Name of Faculty Advisor: _____

Complete description of student organization _____

Requested by: _____ Campus Box: _____ Phone: _____

TTU Email _____

Requestor's Signature: _____

Faculty Advisor's Signature: _____

New Student Organization Checklist
Electronic Copy of Constitution
Faculty Advisor Email Letter with Signature
Justification of Need Statement
Names, T Numbers and Signatures of 10 Charter Members of the Organization

INTERNAL USE ONLY

Office of Student Activities and Campus Life: _____

Date of Approval: _____