

**NICHOLLS STATE UNIVERSITY
STUDENT ORGANIZATION
INTENT TO ORGANIZE**

Date Submitted _____

****Please Print:**

Name of Organization _____

Contact Person Name: _____

Phone: _____ **E-mail:** _____

Purpose/Goals of Organization: _____

Type of Organization: (circle one)

Academic Greek Religious University Program Honorary

Recreational Special Interest Other: _____

For Office Use Only

STAGE OF FORMULATION:

- Constitution**
- Charter Membership**
- Faculty Advisor**

ORGANIZATION STATUS:

- Intent to Organize Process Completed**
- Probationary Status Granted**
- Charter Granted**