



Student Interest Group Chartering Application

Organization Name: _____

Organization Purpose / Description: *(Will be included on S.I.G. directories and contact lists)*

Planned Activities:

Regular Meeting Days/Time: _____ **Location:** _____

Primary Contacts:

- Student Name: _____ Student ID#: _____
 Email Address: _____ Phone #: _____

By signing below, I agree to have my names and contact information listed on S.I.G. directories / contact lists and to abide by the Student Interest Group policy.

Signature Date

- Faculty/Staff Advisor Name: _____ Dept: _____
 Email Address: _____ Phone #: _____

By signing below, I agree to have my names and contact information listed on S.I.G. directories / contact lists and to abide by the Student Interest Group policy.

Signature Date

Membership Roster - List six currently enrolled (3 credits min.) Cornish College of the Arts student members:

Name (please print)	Student ID#	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

*Return this application to Student Affairs, located in the Main Campus Center, Room 301.
Student Affairs will notify the student contact listed above regarding the status of this application.*

To be completed by Student Affairs Staff:

Date received: _____ / Date approved: _____ By: _____