

Received on:

**Student Organization Office Space Application
2007**

This application must be TYPED or PRINTED LEGIBLY in black ink.

Organization Name: _____

Printed Name of Person Submitting Form: _____

This person will be contacted regarding our review of your request and the outcome unless another name is provided with contact information

Current Contact Information: **Address:** _____ **Area code/Phone** _____

E-mail _____

Break Contact Information: **Address:** _____ **Area code/Phone** _____

Email _____

I _____

No. of Active members: _____

Advisor's Name: _____ **Area code/Phone** _____

Department: _____ **Email** _____

Please answer the following questions regarding your eligibility for office space:

1. Is your organization fully recognized and registered with the Office of Student Activities? Yes ___ No ___
2. Does your organization have any outstanding debts owed to the University? Yes ___ No ___
3. Is there another office on or off campus available to your organization? Yes ___ No ___
4. Does your organization have office space located in current Student Union? Yes ___ No ___
5. Does your organization need telephone services? Yes ___ No ___
6. Does your organization need internet access? Yes ___ No ___
7. How many days per week would your group utilize the office space? _____
8. What month does your organization elect new officers? _____
9. On an attached sheet, please list/describe all programs, activities, and services your organization provided in 2005-06.
10. On an attached sheet, please list the reasons your organization is requesting office space in the New Student Union.
11. Student organizations may need to share their office space with another student organization. Would you be willing to do this? _____
11. If Yes: Is there a particular organization that you would be willing to share your space? _____
Please indicate the name of the organization? _____

If No. Please explain: _____

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Signature of applicant

Date

Advisor's Signature

Date