

**COWLEY COUNTY COMMUNITY COLLEGE
CLUB / ORGANIZATION APPLICATION**

Date of Application: _____

Name of the Organization: _____

Purpose of club:

How does this club relate to student success and retention:

Types of activities/events with which your club will be involved:

Please submit signature of interested students (This form must include 10 signatures to process)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proposed Sponsor: _____
PRINT

Proposed Sponsor: _____
SIGNATURE

Please submit this form to the Director of Student Life.

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_____	_____	Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>
<i>Vice President of Student Affairs</i>	<i>Date</i>		
_____	_____	Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>
<i>Vice President of Academic Affairs</i>	<i>Date</i>		
_____	_____	Accepted <input type="checkbox"/>	Not Accepted <input type="checkbox"/>
<i>SGA Officer</i>	<i>Date of SGA Meeting</i>		
_____	_____	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
<i>President</i>	<i>Date</i>		