

OHSU Office of Academic and Student Affairs

STUDENT GROUP FORMATION REQUEST FORM

Name of group: _____ Today's Date: _____

Group Focus (please check one):

- Cultural / Diversity
- Academic
- Sports
- Other (please explain) _____

Are you interested in having your group featured on the Student Affairs Website?

- yes no

GROUP CONTACT INFORMATION (2 required)

Primary Contact Person:

Name: _____

Program (Department): _____

E-Mail address: _____

Phones Number: _____

Secondary Contact Person:

Name: _____

Program (Department): _____

E-Mail address: _____

Phones Number: _____

Membership inquiries should be directed to (please check one or both):

- Primary Contact Secondary Contact

Event Sponsored by group (if any):

No group or organization can deny consideration for membership to any student because of sex, race, religion, creed, national origin, handicap, sexual orientation or marital status.

The Office of Academic and Student Affairs is not responsible for the recruitment of members or the development of club activities. The club is solely responsible for funding and expense issues.

Signature of Primary Contact: _____ **Date:** _____

Signature of Secondary Contact: _____ **Date:** _____

Please return this form to Karen Seresun, Director of Student/University Center, Mail Code FSC 104.