Student Organization Office Space Application

Please print.

Organization: _________________________________________________________

Leader: _________________________________________________________

(address and title)

Address: _________________________________________________________

Phone: _________________________  E-mail: _______________________________

Advisor: _________________________________ Phone: ______________________

Please answer the following questions on a separate sheet of paper, attach your answers to this application, and return both to Student Activities & Leadership Programs, 2420 Faunce Student Services. For questions, call 269-387-2115.

1. State why your organization needs office space.

2. Describe how your organization will use the office space.

3. List the number of active members in your organization and describe your current or planned involvement in the campus community.

4. Indicate if your organization is willing to share office space with another student organization.

I have read and understand the policies and procedures regarding student organization office space as described in “The RSO Handbook”, the guidebook for registered student organizations at Western Michigan University. I certify that the information provided with this application is accurate to the best of my knowledge.

______________________________________________     _____________________
Signature Date

For Office Use Only

Date Received:

Received By:

Approved:    Y   /   N

Office Assigned: