

SGA FORM 01
ORGANIZATION ACTIVATION REQUEST [STUDENT GOVERNMENT ASSOCIATION
KENTUCKY STATE UNIVERSITY]

Fill out the form below and please Print Clearly

NAME/ORGANIZATION _____

ORGANIZATION PRESIDENT _____

ORGANIZATION ADVISOR _____

ORGANIZATION CONTACT NUMBER _____

ORGANIZATION PURPOSE

WILL THE ORGANIZATION BE BENEFICIAL TO KENTUCKY STATE UNIVERSITY YES NO

DATE REQUESTING TO SPEAK WITH SGA SENATE _____

DO YOU HAVE A CONSTITUTION (IF SO PLEASE ATTACH FORM) YES NO

I AM POSITIVE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE STATE INFORMATION IS ACCURATE:

Organization President

Organization Advisor

OFFICE USE ONLY

Date Received: _____

SENATE PASSED _____

SENATE FAILED _____

PRESIDENT VETO YES NO

SENATE CHAIR SIGNATURE _____

PRESIDENT SIGNATURE: _____