

PETITION FOR ORGANIZATION

RSO REVIEW COMMITTEE

Date Submitted: _____

Name of Organization: _____

Primary Contact: _____

Membership Information: Names and signatures of 7 ASU students interested in forming the proposed organization.

NAME	SIGNATURE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL NUMBER OF MEMBERS:	

Faculty Advisor Name: _____ Signature: _____

Student Engagement Use:

Date Received:

Date Reviewed by RSO-RC:

Date sent to RSO-RC:

____ Approved ____ Denied ____ Sent Back For
Review