

ORGANIZATION DESIGNATIONS

Educational Purpose:

- Academic
- Social
- Recreational
- Religious
- Political
- Special Interest

Special Permission:

- Social Fraternity or Sorority
- Sports Club
- Honor Society

Classification:

Class A – Any organization that maintains an open membership policy based upon interest or desire. This category also includes organizations that select or elect members.

Class B – Any organization that requires a pre-entry of training observation and/or probation period as a prerequisite for full membership into the organization.

Check One:

- Academic and Honorary Organizations** – Any organization that has a specific purpose of honoring or promoting further interest in the academic areas. Those in this grouping are usually non-pledging organizations.
- Greek Letter Organizations** – Any organization that bares in total the Greek letters as its official name. These organizations usually have the goal of campus and community service in social and civic areas. Those in this grouping are usually pledging organizations.
- Civic and Social Service Organizations** – Any organization that has as its purpose the promoting or providing of social and/or service as its main goal. These organizations do not have Greek letters to represent the total name. Those in this grouping vary and must declare either pledging or non-pledging.
- Governmental and Supportive Organizations** – Any organization that has as its purpose the promoting or supporting the events and activities designed to enrich the student life of West Virginia State University.

ADDITIONAL DOCUMENTATION

Organization's Current Constitution attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Organizations Bylaws attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cumulative GPA Form attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Listing of all Organization Officers names, addresses, email and phone numbers is attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization has an off-campus affiliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify: _____	
Affiliates Contact Person:	Phone Number:		
Affiliate Organization's Address:			
City:	State:	Zip Code:	Email Address:

INTERNAL USE ONLY

Organization Request Received Date:	Constitution Received Date:	
Bylaws Received Date:	Cumulative GPA Form Received Date:	
Organization Recognition Granted Date:	Letter Sent Date:	
Organization Recognition Denial Date:	Director's Signature:	

