



Office of Student Organizations  
 213 University Center  
 Martin, TN 38238  
 Office: 731.881.1864 Fax: 731.881.7529  
 www.utm.edu/studentorgs

## Student Organization Development Intent Form

Please provide all information requested. Upon completion of this form, please turn it in to the Office of Student Organizations for review. Your organization may be allowed to have up to three organizational interest meetings on campus after having an initial review meeting with the Coordinator for Student Organizations. (Social Greek letter organizations will be required to submit more details.)

OFFICIAL ORGANIZATION NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ Number of Current Members \_\_\_\_\_ TYPE OF ORGANIZATION: (Please check one)

- Academic       Honor Society       Club Sport       Religious  
 Governing       Special Interest       Service/Philanthropic       Greek

Is this group a local chapter of a national/international organization? YES NO

ORGANIZATION HOMEPAGE ADDRESS: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

Full Name	E-mail	Student ID
_____	_____	_____
Local Mailing Address	Local Phone Number	Student's Signature

### DECLARATION OF ADVISOR

I am aware of the responsibilities of a student organization advisor as outlined in the Student Handbook and I agree to serve as advisor for the above-named organization through the \_\_\_\_\_ academic term.

Faculty/Staff Advisor Name	University Department/Office	
_____	_____	
Campus E-mail Address	Campus Phone Number	Advisor's Signature

We hereby certify that the above-named organization will abide by and conduct all activities in accordance with state and federal law, the organization constitution and bylaws, and policies and procedures governing student organizations as formulated by The University of Tennessee at Martin and stated in the Student Handbook, and verify that the information appearing on this form is true and correct to the best of our knowledge. This information may be released for directory and mailing purposes, The Office of Student Life will receive written notification of any changes in the organizational constitution and bylaws, officers, advisors, or general status.

President's Signature	Date	Advisor's Signature	Date
_____	_____	_____	_____

### OFFICIAL USE ONLY

This organization hereby meets all the requirements to begin developing as a Student Organization and is allowed to have up to three organizational interest meeting on campus.

Date Received \_\_\_\_\_ Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 . **Date of meetings**

Location of Meetings	Facility Management	Meeting 1	Meeting 2	Meeting 3
_____	_____	_____	_____	_____