



New Student Organization Application

NAME OF PROPOSED ORGANIZATION:

Name of person submitting application:

Student I.d. Number _____

Phone number: _____ **Email:** _____

*Each student organization is **required** to have an advisor who is a **full-time administrator or faculty member of Morgan State University**. Advisors should be someone who is willing to actively serve, approve/ attend all events sponsored by the student organization, track the financial records with the treasurer and contribute to the positive holistic growth of a student organization.*

Proposed advisor: _____

Phone number: _____ **Email:** _____

Mailing address: _____

The University shall exercise sole and complete discretion whether to approve or not approve a proposed student organization.

**Please return to the Office of student Activities University
Student Center, Suite 303
443-885-3471**