

**Name of Organizations:**

<input type="checkbox"/> College Based	<input type="checkbox"/> Cultural	<input type="checkbox"/> Honor Society	<input type="checkbox"/> Recreation/Sport Club	<input type="checkbox"/> Special Interest
<input type="checkbox"/> Community Service	<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Political	<input type="checkbox"/> Religious	<input type="checkbox"/> University Program

**Name of Student Representing Organization:**

Street Address:

City: State: Zip Code:

Phone Number: CSUN ID #:

Email Address:

**University Advisor Name:**

Department : Mail Code: Extension:

**List below the names of five (5) CSUN students who are members and support the petition for University recognition and Associated Students Charter (enrollment will be verified):**

Name	Phone Number	CSUN ID #

**Our policies and practices will comply with the regulations of the State of California, CSU Northridge, and the Associated Students**

<b>Student Representative Signature:</b>	<b>Date:</b>
<b>University Advisor Signature:</b>	<b>Date:</b>

**Official Use Only**

<b>Approved for Further Review:</b>		
	<b>Activities Coordinator, MIC</b>	<b>Date</b>
<b>Approved by Associated Students:</b>		
	<b>A.S. President</b>	<b>Date</b>
<b>Approved for Official University Recognition</b>		
	<b>Assistant Director, MIC</b>	<b>Date</b>

